



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 2561

1. **Title of Project:** Hurricane Michael - Port St Joe - City Complex

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 03/15/2019

4. **Project/Program Description:**

This request is for reconstruction of the City Hall / Police Department / Fire Department complex. The current complex was flooded by Hurricane Michael. A reconstructed, safe complex outside the flood zone is needed to serve the people of Port St. Joe. Water from the storm surge entered the city hall and made it uninhabitable for emergency workers; it was rendered unusable for business. A reconstructed complex, with all three entities, would serve the public better, provide quicker response time for emergency needs, and be compliant with today's requirements. Estimated cost: \$2,500,000.

5. **State Agency to receive requested funds :** Department of Economic Opportunity

State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	
Fixed Capital Outlay	2,500,000
<b>Total State Funds Requested</b>	<b>2,500,000</b>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	2,500,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>2,500,000</b>	<b>100.0%</b>

8. **Has this project previously received state funding?** No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

9. **Is future-year funding likely to be requested?** No

10. **Details on how the requested state funds will be expended**

Spending Category	Description	Amount
<b>Administrative Costs:</b>		



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Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Reconstructed city complex.	2,500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,500,000</b>

**11. Program Performance:**

**a. What is the specific purpose or goal that will be achieved by the funds requested?**

Reconstructed complex meeting current building codes to withstand a major hurricane and that is not subject to flooding.

**b. What are the activities and services that will be provided to meet the intended purpose of these funds?**

Police protection, fire protection, and utility billing customer service.

**c. What are the direct services to be provided to citizens by the appropriations project?**

Water, sewer, sanitation, and public safety.

**d. Who is the target population served by this project? How many individuals are expected to be served?**

Citizens of Port St. Joe.

**e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**

Increased quality of service and response times to emergencies.

**f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?**

Standard contract penalties are sufficient.

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

City of Port St. Joe.

**13. Requestor Contact Information:**

**a. Name:** James Anderson

**b. Organization:** City of Port St. Joe



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- c. **E-mail Address:** janderson@psj.fl.gov
- d. **Phone Number:** (850)229-8261 Ext. 112

#### 14. Recipient Contact Information:

- a. **Organization:** City of Port St. Joe
- b. **County:** Gulf
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify)
- d. **Contact Name:** Charlotte Pierce
- e. **E-mail Address:** cpierce@psj.fl.gov
- f. **Phone Number:** (850)229-8261

#### 15. Lobbyist Contact Information

- a. **Name:** None
- b. **Firm Name:** None
- c. **E-mail Address:**
- d. **Phone Number:**