



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2665

1. **Title of Project:** Hurricane Michael - Leon County - Recovery and Mitigation

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 03/14/2019

4. **Project/Program Description:**

Leon County seeks legislative funding for unreimbursed Hurricane Michael damages as well as mitigation/resilience initiatives.

5. **State Agency to receive requested funds :** Executive Office of the Governor

State Agency Contacted? Yes

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

| Type of Funding | Amount |
|------------------------------------|------------------|
| Operations | |
| Fixed Capital Outlay | 2,400,000 |
| Total State Funds Requested | 2,400,000 |

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) | 2,400,000 | 100.00% |
| Federal | | 0.00% |
| State (excluding the amount of this request) | | 0.00% |
| Local | | 0.00% |
| Other | | 0.00% |
| Total Project Costs for Fiscal Year 2019-2020 | 2,400,000 | 100.0% |

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 |
|---|-------------|--------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | | |
| Other Salary and Benefits | | |
| Expense/Equipment/Travel/Supplies/Other | | |



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| | | |
|--|--|------------------|
| Consultants/Contracted Services/Study | | |
| Operational Costs: | | |
| Salary and Benefits | | |
| Expense/Equipment/Travel/Supplies/Other | | |
| Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning | Debris removal and equipment. Concord School enhancements (windows, doors electrical, etc.), roof replacement. 3D countywide GIS Flood Model. Backup generator for sheriff's office. | 2,400,000 |
| Engineering | | |
| Total State Funds Requested (must equal total from question #6) | | 2,400,000 |

11. Program Performance:

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

Ensure Leon County's complete fiscal recovery from Hurricane Michael & further enhance community resilience for future disasters.

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

Improved services to citizens.

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

Improved services to citizens.

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

All Leon County citizens.

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

Improved services to citizens.

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.

Leon County.

13. Requestor Contact Information:

a. Name: Andrew Johnson

b. Organization: Leon County Government

c. E-mail Address: JohnsonAn@leoncountyfl.gov

d. Phone Number: (850)606-5383



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14. Recipient Contact Information:

- a. **Organization:** Leon County Government
- b. **County:** Leon
- 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:** Andrew Johnson
- e. **E-mail Address:** JohnsonAn@leoncountyfl.gov
- f. **Phone Number:** (850)606-5383

15. Lobbyist Contact Information

- a. **Name:** Jeffrey Sharkey
- b. **Firm Name:** Capitol Alliance Group
- c. **E-mail Address:** jeffreysark@gmail.com
- d. **Phone Number:** (850)443-3355