



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1233

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Capital Improvement funding supporting the utilization of facilities and grounds for emergency services. Specifically, paving enhancements for improved circulation and movement of manpower, materials, and trucks for FPL power and/or restoration services. HVAC replacement for Robarts Arena to ensure adequate ambient temperature for either emergency service personnel (FPL, Red Cross, EOC, DOH, etc.) and/or evacuation or shelter activities post event.

5. **State Agency to receive requested funds**

State Agency contacted?  Yes  No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 100px;" type="text" value="000"/>
Fixed Capital Outlay	<input style="width: 100px;" type="text" value="1,000,000"/>
<b>Total State Funds Requested</b>	<b>1,000,000</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 100px;" type="text" value="1000000"/>	<input style="width: 50px;" type="text" value="80.0"/> %
<b>Matching Funds</b>		
Federal	<input style="width: 100px;" type="text" value="00"/>	<input style="width: 50px;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 100px;" type="text" value="00"/>	<input style="width: 50px;" type="text" value="0"/> %
Local	<input style="width: 100px;" type="text" value="00"/>	<input style="width: 50px;" type="text" value="0"/> %
Other	<input style="width: 100px;" type="text" value="250,000"/>	<input style="width: 50px;" type="text" value="20"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>1,250,000</b>	<b>100</b> %

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

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>

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

If yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	N/A	0
Other Salary and Benefits	N/A	0
Expense/Equipment/Travel/Supplies/Other	N/A	0
Consultants/Contracted Services/Study	Engineering, write bid documents, evaluate bids, award project, evaluate project to meet objectives/design standards.	50,000
<b>Operational Costs: Other</b>		
Salary and Benefits	N/A	0
Expense/Equipment/Travel/Supplies/Other	N/A	0
Consultants/Contracted Services/Study	N/A	0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Paving Improvements: \$465,000 HVAC: \$735,000	1,200,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,000,000</b>



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## 11. Program Performance

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

The paving improvements will allow for circulation of trucks, manpower, and equipment to quickly and efficiently restore power after periods of natural disasters without eliminating grounds due to wet or muddy conditions. The HVAC improvements will provide for the health and welfare of individuals that may be evacuated or sheltered within Roberts Arena after periods of natural disasters (locally or regionally).

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

The Fair has signed agreements with FPL to provide staging site services. The Fair is considered the major staging site on the west coast of Florida supporting statewide response to natural disasters.

c. What direct services will be provided to citizens by the appropriation project?

The paving improvements increases the efficiency of power restoration. The HVAC improvements will keep the citizens in the facility in a climate controlled environment. The HVAC improvements will provide for the health and welfare of individuals that may be evacuated or sheltered within Roberts Arena after periods of natural disasters.

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

The capital improvements will provide support to all citizens in our community affected by a natural disaster.

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

Enhance the response time and increase availability of facilities for desired emergency activities. Reliability in HVAC. After action review with emergency service providers (FPL, Red Cross, EOC, DOH, etc.) and increase facility use during applicable events.

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?

As this is a capital improvement project with private capital input, there are no performance issues to be penalized for unless the project is not undertaken, thus no expenditure of funds.



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

The owner of the facility is the Sarasota County Agricultural Fair Association, Inc., a not for profit 501-c-3, organized under F.S. 616 that is requesting the funding.

13. **Requestor Contact Information**

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

14. **Recipient Contact Information**

a. Organization

b. Municipality and County

c. Organization Type

- For-profit Entity
- Non-Profit 501(c) (3)
- Non-Profit 501(c) (4)
- Local Entity
- University or College
- Other (please specify)

d. First Name  Last Name

e. E-mail Address

f. Phone Number

15. **Lobbyist Contact Information**

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number  Ext.