



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1071

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**4. Project/Program Description**

Construction and hardening of a safe place for the residents with fragile housing during catastrophic events that can generate unique situations requiring unusual responses. This facility would be supported by the American Red Cross, Palm Beach County Emergency Management, Palm Beach County Sheriff's Office, and the local governing authority.

5. **State Agency to receive requested funds**
- State Agency contacted?**  No

**6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022**

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,300,000
<b>Total State Funds Requested</b>	<b>1,300,000</b>

**7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,300,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>1,300,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	550,000	2646	Yes

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

- a. **If yes, indicate nonrecurring amount per year.**
- b. **Describe the source of funding that can be used in lieu of state funding.**
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**10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**

No

**If yes, indicate the amount of funds received and what the funds were used for.**



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**11. 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Construction of the project	1,300,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,300,000</b>

**12. Program Performance**

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

Construction of an emergency shelter and care center and hardening of a safe place.

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

A community center (emergency shelter and care center) would be operational during catastrophic events that can generate unique situations requiring unusual responses.

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

The center would include the following: shelter, feeding, emergency first aid, bulk distribution of emergency items, and safety and wellness information.

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

City of South Bay. 6,000 people.

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

This facility would be supported by the American Red Cross, Palm Beach Sheriff's Office, and the local governing authority during a catastrophic event.

**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 the contract?**

Failure to meet deliverables without notification of good reason will result in financial penalties as described in contract.

**13. 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 City of South Bay



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. 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

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number