



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1313

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

4. Project/Program Description

Purchase and installation of a generator for the emergency operations center (Village Hall and Police Department). Exterior lighting for the Ed Burke Recreation Center.

5. State Agency to receive requested funds State Agency contacted?

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

| Type of Funding | Amount |
|------------------------------------|---------------|
| Operations | 0 |
| Fixed Capital Outlay | 40,000 |
| Total State Funds Requested | 40,000 |

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) | 40,000 | 50% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 40,000 | 50% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2021-2022 | 80,000 | 100% |

8. Has this project previously received state funding?

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | Nonrecurring | | |
| 2020-21 | 0 | 59,000 | 2646 | Yes |

9. Is future funding likely to be requested? a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

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 |
|--|--|---------------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | | 0 |
| Other Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs: Other | | |
| Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | Purchase and installation of the EOC generator and lighting for the Ed Burke Recreation Center | 40,000 |
| Total State Funds Requested (must equal total from question #6) | | 40,000 |

12. Program Performance

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

A generator for the emergency operations center to provide assistance to residents during hurricanes. Exterior lighting for safety and clear visibility around the Ed Burke Recreation Center.

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

A generator for the EOC to provide assistance to residents during hurricanes. Exterior lighting for safety and clear visibility around the Ed Burke Recreation Center.

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

The ability to generate electricity in emergency situations at the EOC. Lighting around the exterior of the Ed Burke Recreation Center, for safety and improvised visibility.

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

Will serve all residents and visitors equally.

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

The ability to generate electricity in emergency situations at the EOC. Lighting around the exterior of the Ed Burke Recreation Center, for safety and improvised visibility.

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?

Repayment of funds to the state.

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.



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Village of Biscayne Park



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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