

LFIR # 1491

1. Proiect Title	Blountstown FEMA Waiver
1. Project little	BIOUNISIOWN FEIVIA WAIVER

2.	Senate	Sponsor	Loranne Ausley

3. Date of Request 02/05/2021

4. Project/Program Description

The City of Blountstown has 17 formulated FEMA projects for DR-4399-FL (Hurricane Michael), with 16 of those projects currently obligated and one final remaining project (Ref. #1750) pending obligation. The total eligible amount for all projects is \$14,899,587.60 for a local share estimate of \$831,391.87. The estimate for project reference #1750 is \$178,129.98 is based on the most current FEMA cost estimate and will be finalized through actuals incurred by the city after project completion.

5. State Agency to receive requested funds

Division of Emergency Management

State Agency contacted? No

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	831,392
Total State Funds Requested	831,392

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)	831,392	100%	
Matching Funds			
Federal	0	0%	
State (excluding the amount of this request)	0	0%	
Local	0	0%	
Other	0	0%	
Total Project Costs for Fiscal Year 2021-2022	831,392	100%	

8. Has this project previously received state funding? No

Fiscal Year	Amo	ount	Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	

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?

No

No



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

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/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Waiver for local match required by FEMA	831,392
Total State Funds Requested (must equal total from question #6) 831,392		

12. Program Performance

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

The funds requested are to waive the required local contribution for the Hurricane Michael repair projects partially funded by FEMA.

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

The projects included are for the repair of various items within the city damaged by Hurricane Michael. This includes but is not limited to sidewalks, structures, fencing, etc.

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

This will assist the city with restoring the community to pre-Hurricane Michael conditions.

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

This will serve the City of Blountstown which has approximately 2,478 citizens.

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

This will assist the city with restoring the community to pre-Hurricane Michael conditions. The successful restoration of hurricane-damaged items is the expected outcome.

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?

The city will work with the contracting agency to determine applicable measures, should funding be made available.



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.

This is for facilities owned and operated by the City of Blountstown.



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14. Requestor Contact Information

	a. First Name	Traci		Last Name	Hall	
	b. Organization	City of Blountstown				
	c. E-mail Address	thall@blountstown.org				
	d. Phone Number	(850)674-	-5488	Ext.		
15.	Recipient Contact	Informatio	on			
	a. Organization	City of Blo	ountstown			
	b. Municipality and	I County	Calhoun			
	c. Organization Ty	pe				
	□For Profit Entity					
	□Non Profit 501(c	:)(3)				
	□Non Profit 501(c	;)(4)				
	☑Local Entity					
	□University or Co	llege				
	□Other (please sp	pecify)				
	d. First Name	Traci		Last Name	Hall	
	e. E-mail Address	thall@blo	untstown.org			
	f. Phone Number (850)674-5488					
16.	16. Lobbyist Contact Information					
	a. Name	Patrick E. Bell				
	b. Firm Name	Capitol Solutions LLC				
	c. E-mail Address	pebell@earthlink.net				
	d. Phone Number	(850)544-0784				