

1. Project Title

The Florida Senate Local Funding Initiative Request Fiscal Year 2021-2022

Hurricane-Proof Multi-Use Emergency Facility - Lake

LFIR # 1586

2. Senate Sponsor	Dennis Baxley					
3. Date of Request	02/01/2021					
4. Project/Program D	escription					
vaccination and ser supplies during dise The facility will also increased demand an administrative of	urricane-proof multi-use eve as a point of distribution ease outbreaks, while function provide emergency shelter of cold weather sheltering fice with classroom space th, the American Red Cross	n (POD) for retioning as a sering for regise for Lake Courter for emerger	necessary personal pro forward command cen strants of Florida's Spe unty residents during v ncy responders training	otective equipment iter for the region in ecial Needs Registri vinter months. The l	(PPE) and medical the event of a crisis. y as well as handle the building would include	
5. State Agency to re	ceive requested funds	Departme	ent of Economic Oppo	rtunity		
State Agency conta	acted? Yes		•			
6. Amount of the Non	recurring Request for Fi	iscal Year 20	021-2022			
Type of Funding			Amo	unt		
Operations				0		
Fixed Capital Outlay	У			3,000,000		
Total State Funds	Requested		3,000,000			
7. Total Project Cost	for Fiscal Year 2021-202	2 (including	matching funds avai	ilable for this proje	ect)	
Type of Funding			Amount	Percentage		
Type of Funding Total State Funds R	Requested (from question :	#6)	Amount 3.000.000	Percentage 80%		
Total State Funds R	Requested (from question	#6)	Amount 3,000,000	Percentage 80%		
	Requested (from question :	#6)				
Total State Funds R Matching Funds Federal	Requested (from question see amount of this request)	#6)	3,000,000	80%		
Total State Funds R Matching Funds Federal		#6)	3,000,000	80%		
Total State Funds R Matching Funds Federal State (excluding the		#6)	3,000,000	80% 0% 0%		
Total State Funds R Matching Funds Federal State (excluding the Local Other			3,000,000 0 0 750,000	80% 0% 0% 20%		
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Cost	e amount of this request)	022	3,000,000 0 0 750,000 0	80% 0% 0% 20% 0%		
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Cost	e amount of this request) s for Fiscal Year 2021-20	022	3,000,000 0 750,000 0 3,750,000	80% 0% 0% 20% 0%		
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr	e amount of this request) s for Fiscal Year 2021-20 reviously received state to	022	3,000,000 0 750,000 0 3,750,000	80% 0% 0% 20% 0% 100%		
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Cost: 8. Has this project pr	e amount of this request) s for Fiscal Year 2021-20 reviously received state	022 funding?	3,000,000 0 750,000 0 3,750,000 No Specific	80% 0% 0% 20% 0% 100%		
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr Fiscal Year (уууу-уу)	e amount of this request) s for Fiscal Year 2021-20 reviously received state	022 funding?	3,000,000 0 750,000 0 3,750,000 No Specific	80% 0% 0% 20% 0% 100%		
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr Fiscal Year (уууу-уу) 9. Is future funding li	e amount of this request) s for Fiscal Year 2021-20 reviously received state of Amount Recurring No kely to be requested?	o22 funding?	3,000,000 0 750,000 0 3,750,000 No Specific Appropriation #	80% 0% 0% 20% 0% 100%		
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr Fiscal Year (yyyy-yy) 9. Is future funding li a. If yes, indicate r	e amount of this request) s for Fiscal Year 2021-20 eviously received state to Amount Recurring No kely to be requested? nonrecurring amount per	o22 funding? nrecurring	3,000,000 0 750,000 0 3,750,000 No Specific Appropriation #	80% 0% 0% 20% 0% 100% Vetoed		
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr Fiscal Year (yyyy-yy) 9. Is future funding li a. If yes, indicate r	e amount of this request) s for Fiscal Year 2021-20 reviously received state of Amount Recurring No kely to be requested?	o22 funding? nrecurring	3,000,000 0 750,000 0 3,750,000 No Specific Appropriation #	80% 0% 0% 20% 0% 100% Vetoed		
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr Fiscal Year (yyyy-yy) 9. Is future funding li a. If yes, indicate r	e amount of this request) s for Fiscal Year 2021-20 eviously received state to Amount Recurring No kely to be requested? nonrecurring amount per	o22 funding? nrecurring	3,000,000 0 750,000 0 3,750,000 No Specific Appropriation #	80% 0% 0% 20% 0% 100% Vetoed		



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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/Major Renovation:				
Construction/Renovation/Land/ Planning Engineering	Architectural design and engineering costs	3,000,000		
Total State Funds Requested (must equal total from question #6) 3,000,000				

12. Program Performance

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

Design, engineering, and permitting of a hurricane-proof, multi-use emergency facility.

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

Procure an expert contractor for the design of the facility.

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

Provide sheltering during cold weather, hurricanes, and events with special needs persons; serve as a central site for point of distribution for medical testing and vaccinations and various community needs; and be used as an education facility/training center, event venue/expo hall, and/or voting/polling site.

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

Lake County and surrounding counties (Orange, Osceola, Volusia, Marion, Sumter, and Polk). Additional counties could also use the facility during hurricane sheltering as Lake County is a central Florida community and may house out of county residents fleeing inland.

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

The expected benefit is ultimately the safety of citizens, as a hurricane proof shelter facility and POD for pandemic testing and vaccination disbursement. As an expo educational center, the potential for economic growth, tourism, and improved education would be the expected benefit. The outcome will be measured by participation.

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?



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Performance measures v	will be	in place	e.
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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.

Lake County Board of County Commissioners



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14.	Requestor Contact	Informat	ion			
	a. First Name	Sean		Last Name	Parks	
	b. Organization	Lake County Board of County Commissioners				
	c. E-mail Address	sparks@lakecountyfl.gov				
	d. Phone Number	(352)343-9850 Ext.				
15.	15. Recipient Contact Information					
	a. Organization	Lake County Board of County Commissioners				
	b. Municipality and County Lake					
	c. Organization Type					
	□For Profit Entity	fit Entity				
	□Non Profit 501(c	01(c)(3)				
	□Non Profit 501(c	□Non Profit 501(c)(4)				
	☑Local Entity					
	□University or College					
	□Other (please specify)					
	d. First Name	Sean		Last Name	Parks	
	e. E-mail Address	sparks@	lakecountyfl.gov			
	f. Phone Number	(352)343-9850				
40	16. Lobbyist Contact Information					
10.	•					
	a. Name	Christopi	her L. Carmody			
	b. Firm Name	GrayRobinson PA				
	c. E-mail Address	chris.carmody@gray-robinson.com				
	d. Phone Number	(407)843-8880				