



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1846

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Residents with special medical needs and those without transportation require extra support in order to stay safe during a disaster. Often these residents require emergency electrical power and oxygen to stay alive and well. A special needs shelter is an emergency facility capable of providing special medical or nursing care which does not necessitate an acute care hospital setting. Polk County has one of the highest special needs populations in the state. Polk County special needs shelters would need to house 3,246 clients. This does not include any out-of-county evacuees. As the population of Polk County continues to grow, the demand for the special needs shelters will increase. This request would fund the design and construction of an emergency management warehouse facility, co-located with the emergency operations Center, at the Polk County public safety complex.

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	1,500,000
Total State Funds Requested	1,500,000

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)	1,500,000	89%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	176,250	11%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	1,676,250	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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?



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Yes

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

\$124,000,000 used for public assistance and distribution of PPE.

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	Design, permitting, and construction costs.	1,500,000
Total State Funds Requested (must equal total from question #6)		1,500,000

12. Program Performance

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

Polk County has one of the highest special needs populations in the state. Polk County special needs shelters would need to house 3,246 clients. This does not include any out-of-county evacuees. As the population of Polk County continues to grow, the demand for the special needs shelters will increase. This request would fund the design and construction of an emergency management warehouse facility, co-located with the emergency operations center, at the Polk County public safety complex.

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

The construction of the logistics facility will allow Polk County to store and manage supplies for special needs shelters and other emergencies. This would support sheltering and other logistical support for central Florida as well as statewide emergency management operations.

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

Storage for special needs shelter equipment and supplies. A special needs shelter is an emergency facility capable of providing special medical or nursing care which does not necessitate an acute care hospital setting. Polk County has three facilities meeting special needs shelter requirements. Two are schools and one is a county-owned facility. There is no on-site storage for equipment and supplies at the two schools. As the population of Polk County continues to grow the demand for the special needs program will increase.

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



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Polk County has one of the highest special needs populations in the state. Residents with special medical needs and those without transportation require extra support in order to stay safe during a disaster. Often these residents require emergency electrical power and oxygen to stay alive and well. According to the Florida Emergency Shelter Report, Polk County special needs shelters would need to house 3,246 clients. This does not include any out of county evacuees. As the population of Polk County continues to grow the demand for the special needs program will increase.

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

Supplies and equipment currently in storage cannot be accessed for inventory, maintenance, etc., without removing all of the supplies at once. Loading and unloading can only be accomplished by hand, requiring a large number of staff and other labor from multiple agencies. The benefit of this project will be greater efficiencies in emergency operations, cost savings for labor, and increased service to communities and citizens.

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?

Standard contract penalties. Holdback 10% for final contract closeout, establish project milestones tied to appropriate reimbursement percentages.
Deliverable 1: 30% of total; Deliverable 2: 30% of total; Deliverable 3: 30% of total; etc.

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.

Polk County government is requesting funding and will be the owner of the facility.



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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