

The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

LFIR # 2041

| 1. Project Title | Hamilton County EOC Multipurpose Building |
|------------------|---|
| | |

2. Senate Sponsor Loranne Ausley

3. Date of Request 01/03/2022

4. Project/Program Description

This request will be for a state-of-the-art EOC hardened facility to replace a 60-year-old repurposed building. The new EOC will be safe and accessible for public and service personnel. The current facility was originally a shop classroom at an old high school.

5. State Agency to receive requested funds

Division of Emergency Management

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

| Type of Funding | Amount |
|-----------------------------|-----------|
| Operations | 0 |
| Fixed Capital Outlay | 8,000,000 |
| Total State Funds Requested | 8,000,000 |

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

| Type of Funding | Amount | Percentage | |
|--|-----------|------------|--|
| Total State Funds Requested (from question #6) | 8,000,000 | 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 2022-2023 | 8,000,000 | 100% | |

8. Has this project previously received state funding?

| Fiscal Year | Amount | | 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

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 | Planning and engineering (\$800,000). Actual construction of project (\$7.2 million). | 8,000,000 |
| Total State Funds Requested (m | ust equal total from question #6) | 8,000,000 |

12. Program Performance

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

This request will be for a state-of-the-art EOC hardened facility to replace a 60 year old repurposed building. The new EOC will be safe and accessible for public and service personnel. The current facility was originally a shop classroom at an old high school.

The Florida Department of Emergency Management has deemed the current facility as lacking in security and safety to adequately function as an EOC facility during emergency conditions.

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

All county emergency management activities will be located at the facility. Providing a safe, secure central facility will provide necessary emergency activities during hurricanes, fires, and other local emergencies.

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

All county emergency management activities will be located at the facility.

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

Entire population of 15,000 will be served during local emergencies.

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

Accessibility and safety of the public and responders during a local emergency will be available with the completion of this request.

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 are sufficient.



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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.

Hamilton County



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14. Requestor Contact Information

| | a. First Name | Louie | Last Name | Goodin | | |
|-----|---------------------------------|------------------------------|-----------|--------|--|--|
| | b. Organization | Hamilton BoCC | | | | |
| | c. E-mail Address | Igoodin@hamiltoncountyfl.com | | | | |
| | d. Phone Number | er (386)762-6639 Ext. | | | | |
| 15. | Recipient Contact | Information | | | | |
| | a. Organization | Hamilton BoCC | | | | |
| | b. Municipality and | d County Hamilton | | | | |
| | c. Organization Ty | pe | | | | |
| | □For Profit Entity | | | | | |
| | □Non Profit 501(c | :)(3) | | | | |
| | □Non Profit 501(c | c)(4) | | | | |
| | ☑Local Entity | | | | | |
| | □University or Co | ollege | | | | |
| | □Other (please sp | pecify) | | | | |
| | d. First Name | Louie | Last Name | Goodin | | |
| | e. E-mail Address | | | | | |
| | f. Phone Number | | | | | |
| 16. | 6. Lobbyist Contact Information | | | | | |
| | a. Name | None | | | | |
| | b. Firm Name | | | | | |
| | c. E-mail Address | ss | | | | |
| | d. Phone Number | | | | | |