

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 2056

Fiscal Year (yyyy-yy) 9. Is future funding lil a. If yes, indicate n	Amount Recurring Nonr kely to be requested? conrecurring amount per y urce of funding that can be	ear.	Specific Appropriation #	Vetoed		
Fiscal Year (yyyy-yy) 9. Is future funding lil	Recurring Nonr	_	Appropriation #	Vetoed		
Fiscal Year		ecurring	Specific Appropriation #	Vetoed		
Fiscal Year		ecurring	Specific Appropriation #	Vetoed		
	eviously received state fur	nding?	No			
	s for Fiscal Year 2023-2024		9,500,000	100%		
Other	, -		0	0%		
Local			0	0%		
, ,	amount of this request)		0	0%		
Federal			0	0%		
Matching Funds	, (-,,	1370		
	Requested (from question #6	5)	9,500,000	100%		
Type of Funding			Amount	Percentage	, or i	
	for Fiscal Year 2023-2024 ((inaludine s	motobing fundo cus		201)	
Fixed Capital Outlay Total State Funds			9,500,000 9,500,000			
Operations			0 500 000			
Type of Funding			Amo	_		
	recurring Request for Fisc	cal Year 202	23-2024			
State Agency conta	•					
5. State Agency to re	ceive requested funds	Division o	of Emergency Manag	ement		
County owned .55-a built in 1926; origina entire building, repa The general exterior Specific wind design covering that consis	tion funds to build a 14,066 acre parcel. Current facility cally used as County Jail; has irs to the leaky roof were mar wall construction found in the is not available for the build at least 2 of the walls. An eleast 2 of the walls.	eited for non- sperforated ade after 20 the building ding, roof is gravel & ev	-compliance State EC metal screen shutter 04 hurricane & receiv is 12" cast-in-place c flat without overhand vidence of visible pon	DC requirements that installed on windowed further damages oncrete walls with up & made of cast in ding. There is a par	at consists of 2-stories ws throughout the s from Hurricane Ian. Inknown rebar spacing. place concrete with apet wall 4" with	
4. Project/Program D	•	a= # F00	facility fam a main Oct		و المعالمة	
3. Date of Request	02/10/2023					
2. Senate Sponsor	Ben Albritton					
		1				
1. Project Title	Hardee County Emerger	ncy Operation	ons Center			



14. Program Performance

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Yes				
If yes, indicate the amount of fun	nds received and what the f	unds were used for.		
Received: \$5,232,196; Used for elipayroll, counseling/services, shelte outcome/community engagement e Broadband, HVAC/filter-related, pro	er mods, etc), admin reporting expenses, and capital investir	/equitable ng in public facilities (i.e		
omplete questions 11 ar	nd 12 for Fixed Capi	tal Outlay Proje	ects	
I. Status of Construction				
a. What is the current phase of th	ne project?			
OPlanning Opesign	Construction			
b. Is the project "shovel ready" (i	i.e permitted)?	Yes		
c. What is the estimated start date	te of construction?	07/01/2023		
d. What is the estimated completi	ion date of construction?	06/30/2025		
relationship between the owner	s of the facility and the enti	tly, any fixed capital o ty.	outlay funding. Inci	ude the
relationship between the owners Hardee County is the owner and B. Details on how the requested sta	s of the facility and the enti	ty.	outiay funding. inci	ude the
Hardee County is the owner and	the entity. ate funds will be expended	ty. Description	outlay funding. Inci	ude the
Hardee County is the owner and a second of the county is the owner and second of the county is	the entity. ate funds will be expended	tý.	outiay funding. Inci	
Hardee County is the owner and a second of the county is the c	the entity. ate funds will be expended	tý.	outiay funding. Inci	
Hardee County is the owner and the state of the county is the owner and the county is	the entity. ate funds will be expended	tý.	outiay funding. Inci	
Hardee County is the owner and a second of the county is the c	the entity. ate funds will be expended	tý.	outiay funding. Inci	
Hardee County is the owner and the state of the county is the owner and the county is	the entity. ate funds will be expended	tý.	outiay funding. Inci	Amount (
Hardee County is the owner and a second seco	the entity. ate funds will be expended	tý.	outiay funding. Inci	Amount
Hardee County is the owner and the state of the county is the owner and the state of the county is the owner and the state of the county is the owner and the state of the county is the owner and the county and state of the	the entity. ate funds will be expended	tý.	outiay funding. Inci	Amount
Hardee County is the owner and the Ardee County is the owner and the own	the entity. ate funds will be expended	tý.	outiay funding. Inci	Amount
Hardee County is the owner and a second seco	the entity. ate funds will be expended	tý.	outiay funding. Inci	Amount
Hardee County is the owner and a second seco	the entity. ate funds will be expended	tý.	outiay funding. Incl	Amount
Hardee County is the owner and a second seco	the entity. ate funds will be expended	Description		Amount

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



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Goal is have a state approved EOC. Complete the engineering, and seek contractual construction services to build a 14,066 sq. ft. emergency management office/operations center designed to withstand a Category 5 storm. Protects life, health, safety issues related to pre/during/post storm events. Facility to serve as head of operations, pre-/during and after storm events, and will house first responders and efficiently coordinate with emergency personnel, state agencies, disaster recovery providers, etc., in order to restore basic services to citizens faster and efficiently in this fiscally constrained area.

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

Activities are to seek contractual engineering and construction services through the county's procurement process to build Emergency Operations Center as designed.

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

Direct services are protection of life, health, and safety for citizenry, residents, visitors, and evacuees. Emergency Operations Center allows the county to effectively protect general public/citizens/evacuees from coastal and surrounding areas, etc., from harm in pre-disaster preparedness activities, during and after storm managing disaster response and recovery, address needs of community more efficiently with improved emergency communications systems for this rural area of opportunity.

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

Florida residents, visitors, and evacuees from coastal and surrounding areas. More than 27,000 individuals are expected to be served. Hardee County is a financially disadvantaged community (ch. 62-552, F.A.C.) that is located in a Rural Area of Economic Concern/Rural Area of Opportunity (s. 288.0656, Florida Statutes).

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

Benefit is a State approved Emergency Operations Center to specifications for a Category 5 storm that allows for improved communications with first responders, disaster recovery providers, etc., to restore basic services efficiently; improved emergency management response that will effectively protect general public from harm by having a fully operational Emergency Operations Center with up to code equipment. Employment maintained from project in this rural area of opportunity.

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?

Non-payment of invoices until milestones achieved; implementation of corrective action plan.

15. Requester Contac	Information				
a. First Name	Alicia		Last Name	Woodard	
b. Organization	Hardee County Board of County Commissioners				
c. E-mail Address	Alicia.Woodard@hardeecounty.net				
d. Phone Number	(863)773-9430		Ext.		
16. Recipient Contact Information					
a. Organization	Hardee County Board of County Commissioners				
b. Municipality and County Hardee					
c. Organization Type					
□For Profit Entity					



17.

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□Non Profit 501(c	:)(3)				
□Non Profit 501(c)(4)					
☑Local Entity					
□University or Co	llege				
□Other (please specify)					
d. First Name	Alicia	Last Name	Woodard		
e. E-mail Address	Alicia.Woodard@hardeed	ounty.net			
f. Phone Number	(863)773-9430				
Lobbyist Contact Information					
a. Name	Connie Carpenter Vanassche				
b. Firm Name	CAS Governmental Services LLC				
c. E-mail Address	ccvgovser@gmail.com				
d. Phone Number	(561)924-7702				