



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2409

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Funds requested to be used for professional architectural/engineering design services to properly address the needs of the most vulnerable in mandatory emergency evacuation situations. Okeechobee is a rural area of opportunity that receives coastal evacuees during severe storm events and there is not appropriate shelters to meet the demand and need. Project protects the most vulnerable, life, health and safety by providing appropriate and adequate shelter for the special needs population.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	1,000,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,000,000</b>

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,000,000</b>	<b>100%</b>

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future-year 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.

**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



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**10. Status of Construction**

**a. What is the current phase of the project?**

- Planning    
  Design    
  Construction    
  N/A

**b. Is the project "shovel ready" (i.e permitted)?**

**c. What is the estimated start date of construction?**

**d. What is the estimated completion date of construction?**

**e. What funding stream will be used for ongoing operations and maintenance of the project?**

**11. List 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.**

**12. Details on how the requested state funds will be expended**

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	n/a	0
Other Salary and Benefits	n/a	0
Expense/Equipment/Travel/Supplies/Other	n/a	0
Consultants/Contracted Services/Study	n/a	0
<b>Operational Costs</b>		
Salary and Benefits	n/a	0
Expense/Equipment/Travel/Supplies/Other	n/a	0
Consultants/Contracted Services/Study	Contractual professional architectural design services to plan and design special needs shelter	1,000,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,000,000</b>

**13. Program Performance**

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

Protect life, health and safety by providing appropriate and adequate shelter for the special needs population. Funds requested to be used for professional architectural/engineering design services to properly address the needs of the most vulnerable in mandatory emergency evacuation situations. Okeechobee receives coastal evacuees during severe storm events and there is not appropriate shelters to meet the demand and need.

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

To seek contractual professional architectural/engineering design services adhering to the County's procurement policies and procedures to plan and design a special needs shelter.



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

Direct services is protection of life, health and safety of the most vulnerable by providing a properly designed and constructed special needs shelter to meet the demand and need; to provide adequate and appropriate emergency shelter and services during mandatory emergency evacuation situation.

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

Population served is the most vulnerable residents, visitors and coastal evacuees of Okeechobee County that is designated as a Rural Area of Critical Economic Concern per Executive Order #11-81; and as outlined in F.S. 288.0656 Rural Economic Development Initiative (REDI) as a Rural Area of Opportunity;

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

Expected outcome is the final design of a Special Needs Shelter that will provide appropriate shelter and emergency services to the most vulnerable during severe storm events. Certification of the final design. Ultimately ensuring that the shelter becomes a vital and sustainable resource for individuals with special needs in our district and region.

**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 in the contract?**

Contractual milestones to be adhered to throughout the project; non-payment of invoices until milestones addressed; corrective action plan, liquidated damages, if needed.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**a. If Yes, what phase best describes the project?**

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

**15. Has the entity applied for or received federal assistance for this project?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**

**b. Provide the total project cost listed on the FEMA project worksheet:**

**16. Has the entity applied for or received state assistance for this project (other than this request)?**

- Yes, Applied



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- Yes, Received
- No
- No, but intends to apply

**a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):**

**17. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**18. 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**  **Ext.**

**19. Lobbyist Contact Information**

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**



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*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*