

The Florida Senate **Local Funding Initiative Request** Fiscal Year 2025-2026

LFIR # 3070

1. Project Title		Clewiston Emergency O Roofing System Repair	perations Center and Municipal Police Facility	
2.	Senate Sponsor	Kathleen Passidomo		
3.	Date of Request	3/4/2025		
4.	Project/Program Des	scription		
	Department facility. The Emergency Operation but also as the second An inspection of the retypically found in a flat exacerbates existing in new roof, designed for the exacerbates existing in the exacerbates exist the exacerbates exist in the exacerbate	he Clewiston Police Depans Center for emergencies dary Emergency Operation of immediately following troof design. In addition this sues and the added weigh resiliency and improved	ricane Ian caused severe water intrusion to the City of Clewiston Pol rtment is designated not only as the primary clocalized in the incorporated city limits of Clewiston, ns Center (EOC) for Hendry County, Florida. the storm revealed roofing cracks, ridges and exposed felt - deterior to the evident material decay, rainwater "ponding' due to poor drainaght threatens complete structural failure of the roof. The project will instructural integrity suitable for the Emergency Operations Center and overments is approximately \$465,000.	ation ge nstall a
5.	State Agency to rece	eive requested funds	Division of Emergency Management	
	State Agency contac	ted? No		

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

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	465,000
Total State Funds Requested	465,000

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)	465,000	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 2025-2026	465,000	100%

8. Has this project previously received state funding? If yes, provide the most recent instance:

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Fiscal Year	Amo	ount	Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	

9. I	s future-year	funding	likely to	be	requested?	,
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No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.



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0

0

0

0

465,000

Complete questions 10 ar	d 11 for Fixed Cap	ital Outlay Pro	jects	
0. Status of Construction a. What is the current phase of th	e project?			
	O Construction N/	Ą		
b. Is the project "shovel ready" (i	e permitted)?	No		
c. What is the estimated start dat	e of construction?	08/01/2025		
d. What is the estimated complet	ion date of construction?	11/01/2025		
e. What funding stream will be us	ed for ongoing operations	and maintenance o	f the project?	
City of Clewiston General funds				
List the owners of the facility to relationship between the owner. The City of Clewiston would own, maintenance of the capital improv Details on how the requested state.	s of the facility and the ent operate and be responsible ements constructed with the	ity. for ongoing operation requested funding.		lude the
Spending Category		Description		Amount
Administrative Costs: Executive Director/Project Head Salary and Ropofits				

Consultants/Contracted Services/Study Fixed Capital Construction/Major Renovation: Construction/Renovation/Land/ Planning Engineering Remove existing roof system down to the structural deck. Replace rusted decking as needed. Install scuppers and adhere tapered ISO insulation (min. R-25 value) to promote proper drainage. Install felt plys and cap-sheet in hot asphalt. Replace all coping cap, edge metal, counter-flashing, slip-metal, etc. with new Kynar coated aluminum. Apply aluminized roof paint.

13. Program Performance

Other Salary and Benefits

Consultants/Contracted

Operational Costs
Salary and Benefits

Services/Study

Other

Other

Expense/Equipment/Travel/Supplies/

Expense/Equipment/Travel/Supplies/

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

Total State Funds Requested (must equal total from question #6)



☐ No, but intends to apply

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

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A resilient, storm hardened facility suitable for police agency and Emergency Opertations Center services.

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

A new Bitumen roofing system, combined with appropriate inclinations and drainage improvements that will alleviate the pooling of water and extend the useful life of the roof.

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

The building is designated as the primary emergency operation center for emergencies not only localized in the incorporated city limits of Clewiston, but also as the secondary Emergency Operations Center for Hendry County, Florida. A storm hardened facility is critical not only to ensure lifesaving resources are available during extreme weather events, but also to provide daily full service police agency and all 911 services to the East Hendry County region.

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

Directly, the Clewiston Police Department is a full-service agency with 22 employees who are focused on improving the quality of life for approximately 8,200 residents. Indirectly, the entirety of Hendry County's 40,000 population and portions of nearby Glades County will benefit from the enhanced infrastructure and secondary/back-up EOC. This is a much needed outcome in a financially disadvantaged county & municipality designated as a rural area of economic concern & 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?

The City of Clewiston is in a fiscally constrained county consistently among the highest unemployment rates in the state of Florida. The expected benefits and outcomes of this project are improved public health, safety and welfare. Reduced loss of life and property, higher prevailing wage rates and increased public sector revenues are anticipated positive outcomes over time and are measurable.

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?

As these are public investments in infrastructure and provided that the City uses the funds appropriately under state agency oversight, no penalties should be incurred by the responsible local government agency.

14. Is	this project related to mitigation, response, or recovery from a natural disaster? Yes							
a. If Yes, what phase best describes the project?								
\square	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 infastructure)							
b. N	Name of the natural disaster (or Executive Order # for events not under a federal declaration):							
Н	urricane Ian							
15. Ha	5. Has the entity applied for or received federal assistance for this project?							
	☐ Yes, Applied							
☐ Yes, Received								
\square	☑ No							



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b. Provide the total	project c	ost listed on th	e FEMA proj	ect worksheet:	
6. Has the entity app	lied for o	r received state	assistance	for this project (other tha	n this request)?
☐ Yes, Applied					
☐ Yes, Received					
☑ No					
☐ No, but intends to	o apply				
a. If yes, specify the Commerce):	e progran	n and state age	ncy (ex. Loc	al Government Emergend	cy Bridge Loan, Departmer
7. Requester Contact	t Informat	ion	_		
a. First Name	Lynne		Last Name	Mila	
b. Organization	City of Cl	lewiston			
c. E-mail Address	lynne.mil	a@clewiston-fl.g	jov		
d. Phone Number	(863)983	-1454	Ext.		
3. Recipient Contact	Informati	on			
a. Organization	City of C				
b. Municipality and	d County	Hendry			
c. Organization Ty	pe				
□For Profit Entity					
□Non Profit 501(d	c)(3)				
□Non Profit 501(d	c)(4)				
☑Local Entity					
□University or Co	llege				
□Other (please sp	pecify)				
d. First Name	Danny		Last Name	Williams	
e. E-mail Address	danny.wi	lliams@clewisto	n-fl.gov		
f Phone Number	(863)083	-1454	Fyt		7



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a. Name	Screven H. Watson	
b. Firm Name	Screven Watson & Associates, LLC	
c. E-mail Address	lobbyreportfla@icloud.com	
d. Phone Number	(850)566-3905	

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