Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Okeechobee County Emergency Special Needs Multi-Use Facility

2. Date of Submission: 10/30/2017

3. House Member Sponsor: Cary Pigman

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

a. Has funding been provided in a previous state budget for this activity? No If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E

- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
Column:	Α	В	С	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					8,400,000	8,400,000

- 5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2018-19? No
 - 5a. If yes, which state agency?
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Executive Office of the Governor
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Non-payment of invoices

 6. Requester: a. Name: Terry Burroughs b. Organization: Okeechobee County Board of County Commissioners c. Email: tburroughs@co.okeechobee.fl.us d. Phone #: (863)763-6441
 7. Contact for questions about specific technical or financial details about the project: a. Name: Robbie Chartier b. Organization: Okeechobee County c. Email: rchartier@co.okeechobee.fl.us d. Phone #: (863)763-6441
 8. Is there a registered lobbyist working to secure funding for this project? a. Name: <u>Connie Vanassche</u> b. Firm: <u>CAS Governmental Services, LLC</u> c. Email: <u>casgovser@gmail.com</u> d. Phone #: (850)228-1296
 9. Organization or Name of entity receiving funds: a. Name: <u>Okeechobee County</u> b. County (County where funds are to be expended): <u>Okeechobee</u> c. Service Area (Counties being served by the service(s) provided with funding): <u>Okeechobee</u>
 10. What type of organization is the entity that will receive the funds? (Select one) O For Profit O Non Profit 501(c) (3) O Non Profit 501(c) (4) O Local Government O University or College O Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

To design & construct a 35,000 square foot Special Needs Emergency/Hurricane hardened Category 5 multi-use facility on County owned land @\$240 per sq. ft. to include ADA accommodations, kitchen, showers, restrooms to provide ample space for special needs, medical personnel, citizenry & pets. To protect life, health & safety. To also serve as revenue producing facility for concerts, festivals, equine & cattle, educational youth ag & livestock, graduations, State Final events/programs, etc.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
□a. Executive Director/Project Head Salary and Benefits		
□b. Other Salary and Benefits		
□c. Expense/Equipment/Travel/Supplies/Other		
□d. Consultants/Contracted Services/Study		
Operational Costs:		
☐e. Salaries and Benefits		
☐f. Expenses/Equipment/Travel/Supplies/Other		
□g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
☑h. Construction/Renovation/Land/Planning Engineering	Contractual Architectural/Engineering and Construction Services	8,400,000
TOTAL		8,400,000

 13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option) OFor Profit ONon Profit 501(c) (3) ONon Profit 501(c) (4) OLocal Government (e.g., police, fire or local government buildings, local roads, etc.) OState agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation systemetc.) OOther (Please describe)
14. Is the project request an information technology project? No
15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support? Yes
15a. Please Describe: Dept. of Health & School Board letters of support

- 16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

 No
- 17. Will the requested funds be used directly for services to citizens? Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Procurement of architect/engineering for design, permitting, project management and construction services.

- 17b. Describe the direct services to be provided to the citizens by the funding requested.

 Protection of life, health & safety, in an emergency shelter built to withstand a Category 5 storm event.
- 17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups."). Select all that apply to the target population:

☑Elderly persons

	☑Persons with poor mental health
	☑Persons with poor physical health
	☑Jobless persons
	☑Economically disadvantaged persons
	☑At-risk youth
	☑Homeless
	☑Physically disabled
	□Drug users (in health services)
	✓ Preschool students
	Grade school students
	High school students
	University/college students
	Currently or formerly incarcerated persons
	Drug offenders (in criminal Justice)
	□Victims of crime
	General (The majority of the funds will benefit no specific group)
	☑Other (Please describe): Special needs, Evacuees, residents, visitors & citizenry
1	17d. How many in the target population are expected to be served?
	O< 25
	O25-50
	O51-100
	O101-200
	O201-400
	O401-800
	©>800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
□Improve physical health		
☑Improve mental health	Providing Safe harbor during	Eliminates trauma, need & expenses
	hurricane reduces stress; prevention	associated with transporting special

	of transporting special needs residents out of town; improved evacuation due to pet friendly shelter	needs 30 miles away to a Category 5 shelter. Eliminates stress of leaving pets behind; evacuees in mobile homes utilizing shelter with pets;
☑Enrich cultural experience	Multi-use facility will provide for concerts, arts/crafts festivals, agricultural, educational programs and various events to held.	Bookings of new programs/events; increased revenues, employment maintained by project
☑Improve agricultural production/promotion/education	Ability to host new equine, cattle, agricultural programs/events	Promotion of events with advertising & marketing campaigns, increased revenues
☑Improve quality of education	Ability to host, offer and increase in educational programs	monitoring of new programs, tracking attendees,
□Enhance/preserve/improve environmental or fish and wildlife quality		
☑Protect the general public from harm (environmental, criminal, etc.)	To provide Hardened Category 5 shelter for special needs, pets, evacuees. Prevention of transporting special needs residents out of town. Residents with pets will evacuate and not stay in unsafe housing. Less time in school shelters.	Monitoring/recording number of special needs, evacuees, pets. Eliminating trauma, need & expenses of transporting special needs residents 30 miles out of the area to Category 5 hardened shelter and away from their families. Schools open sooner where students are safer.
□Improve transportation conditions		
☑Increase or improve economic activity	New facility to host 10-15 new Income producing eventsconcerts, festivals, equine, cattle programs & educational events in facility when not being used as a special needs,	Promotion of programs/events, advertising & marketing campaigns, Monitoring of revenues, hotel bookings, attendees.

	pet friendly shelter.	
☑Increase tourism	Provides for 10-15 new programs/events that will draw visitors to the area.	Promotion of programs/events, advertising & marketing campaigns; Monitoring of attendees , hotel bookings, increased revenues
☑Create specific immediate job opportunities	2 full time positions; 2 part-time positions	Project maintains & increases employment opportunities; monitoring of additional personnel at events
□Enhance specific individual?s economic self sufficiency		
□Reduce recidivism		
□Reduce substance abuse		
□Divert from Criminal/Juvenile justice system		
□Improve wastewater management		
□Improve stormwater management		
□Improve groundwater quality		
□Improve drinking water quality		
□Improve surface water quality		
☑Other (Please describe): Improved Services	Reduction of time in schools being used as shelters and transporting special needs 30 miles out of town during storm events.	Schools able to open & operate sooner; reduction of make-up storm days. Eliminates stress, need & costs to transport Special needs evacuees 30 miles away from their families;

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

		,	
Type of Funding	Amount	Percent of Total	Are the other sources of
			funds quaranteed in

			writing?
Amount Requested from the State in this Appropriations Project Request:	8,400,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	8,400,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year? $\underline{\text{No}}$