



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2412

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**4. Project/Program Description**

Construction of a new facility to serve as a dedicated emergency shelter (our primary special needs shelter). This project would allow Flagler County to eliminate its Special Needs Shelter deficit as defined by the Statewide Emergency Shelter Plan. It will also serve as a disaster resources site for the county and can be used to support other counties as a host shelter, when Flagler County is not directly impacted. While the facility will be designed to safely serve as the shelter, its routine use when not serving as an emergency/disaster would be to replace the current sub-standard Cattleman's Hall facility. This facility is used on a regular basis to serve as a community center hosting a variety of community events and programs that include:

- Social Services Programs and Events
- Public Health Programs and Events
- Agricultural Programs and Events
- 4H Club and Future
- Rodeo Events
- Flagler County Fair and Youth Show
- Non-profit Community Events

5. **State Agency to receive requested funds**
- State Agency contacted?**  Yes

**6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	10,000,000
<b>Total State Funds Requested</b>	<b>10,000,000</b>

**7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	10,000,000	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 2024-2025</b>	<b>10,000,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**  No
- a. **If yes, indicate nonrecurring amount per year.**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2412

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?

If yes, indicate the amount of funds received and what the funds were used for.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. 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?

12. 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.

13. 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Construction of 10,000-15,000 square foot shelter capable building and necessary related site improvements.	10,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>10,000,000</b>

14. Program Performance



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2412

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

Construction of a new facility to serve as a dedicated emergency shelter (our primary special needs shelter). This project would allow Flagler County to eliminate its Special Needs Shelter deficit as defined by the Statewide Emergency Shelter Plan. It will also serve as a disaster resources site for the county and can be used to support other counties as a host shelter, when Flagler County is not directly impacted. It would also be a multipurpose community facility when not used as a shelter.

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

To construct a multi-purpose facility that can serve as our primary special medical needs shelter for hurricanes, and a consolidated shelter for both post-hurricane and non-hurricane evacuations. Improve on-site drainage and provide a hardened/elevated parking surface and ingress/ egress route to/from the entrance roadway.

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

The facility will be constructed to be hurricane resilient allowing for it to shelter evacuees from hurricanes, wildfires and other emergencies. This facility will allow the county to eliminate its special needs shelter space deficit, support evacuees from other counties, and serve as a consolidated disaster services site. Outside of emergencies it will be use as a multi-purpose community center.

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

All county residents (130K), as well as evacuees from other counties.  
As a shelter it may host over 150 special needs evacuees or over 500 non-special needs evacuees

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

This project will protect the evacuating public from harm due to an emergency, such as a hurricane or wildfire. The outcome will be determined by calculating available special needs shelter capacity (60 Sq. Ft./ person) created by this project and adding it to the available space calculation in the Statewide Emergency Shelter Plan. This will then be compared against the demand calculation. The end result will be that the capacity will meet, or exceed current demand - eliminating the deficit.

**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.

**15. Requester Contact Information**

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

**b. Organization**

**c. E-mail Address**

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

**16. Recipient Contact Information**

**a. Organization**

**b. Municipality and County**

**c. Organization Type**

For Profit Entity



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2412

- 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

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number