



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3315

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To provide Disaster Relief and Recovery Services in Hardee County. The purpose of the funds will be used to relocate current operations and to expand warehouse facilities. Building will be used for Office/Storage/Post Hurricane recovery items and Volunteer deployment and temporary shelter for Volunteers arriving to serve the area. SendMeMissions, Inc. partners with Hardee County for Disaster Relief and Recovery and actively assists the county on an ongoing basis. This request is for Property Acquisition, Design, Engineering, Land Acquisition and Construction.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	5,000,000
<b>Total State Funds Requested</b>	<b>5,000,000</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)	5,000,000	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>5,000,000</b>	<b>100%</b>

8. Has this project previously received state funding?

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

9. Is future 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.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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

\$21,899 received indirectly from Hardee County Board of County Commissioners for PPI and Equipment to keep volunteers protected and serve citizens safely.

## 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)?

Yes

c. What is the estimated start date of construction?

12/1/2024

d. What is the estimated completion date of construction?

12/1/2025

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.

All proceeds would go to SendMeMissions, Inc.

### 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	Design and Engineering, Planning, Land Acquisition and Construction.	5,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>5,000,000</b>

### 14. Program Performance

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

The purpose of these funds will be to relocate current operations from multiple borrowed storage, office, and housing space. This site will include temporary housing for volunteers coming to the county to assist with resiliency, relief, recovery and rebuilding from natural and man-made disasters. The goal is to provide safe, sanitary, and secure housing for vulnerable populations in the aftermath of natural and man-made disasters and mitigate in preparation for all future hurricane seasons by maximizing assistance through donated goods and volunteer labor.



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

Funds used for contractual services for architectural/engineering, planning, design project management and construction.

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

Citizens affected by natural and man-made disasters will receive donated materials, skilled volunteer labor, and designated resources and programs to restore safe, sanitary, and secure housing in order to maximize recovery and resiliency in the county prior to the next disaster.

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

Target populations in Hardee County include: elderly, persons with poor physical/mental health, jobless persons, economically disadvantaged, at-risk youth, homeless, developmentally/physically disabled, students (pre-school, grade school, high school, university/college).

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

The outcome from this project is to have one centralized location for temporary housing and training for volunteers, donated goods, equipment, and office space for partners (i.e. Long Term Recovery Group, Disaster Case Managers, Construction Coordinators, etc.). Methodology by which the outcome will be measured will be a construction timeline with anticipated completion date of 12/1/2025.

**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?**

Contractual milestones established throughout the project, implementation of corrective action plan, non payment of invoices until milestones completed.

**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
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)



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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