

# The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

**LFIR # 3646** 

3. Date of Request  01/10/2024  4. Project/Program Description  The Palm Coast Operations Center will be constructed as a critical, fortified facility, doubling as the City's Emergency Operations Center. It will be the primary facility for coordinating staff and equipment. The site will include designated areas for debris storage, storm event material staging and storage, and the distribution of public sandbags as well as being a key part of our strategy to ensure that we can maintain the expected service levels needed to serve and protect citizens.  5. State Agency to receive requested funds  State Agency contacted?  No  6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025  Type of Funding  Operations  Op	2. Senate Sponsor	Travis Hutson					
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State Agency contacted?  No 6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025  Type of Funding Operations Operations Operations Operations Operations Total State Funds Requested Operations Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)  Type of Funding Total State Funds Requested (from question #6) Amount Percentage Total State Funds Requested (from question #6) State (excluding the amount of this request) Operations Other Other Other Other Operations Other Total Project Costs for Fiscal Year 2024-2025 Solono,000 Solono,000 Total Project Costs for Fiscal Year 2024-2025 Solono,000 Solono,000 Total Project Costs for Fiscal Year 2024-2025 Solono,000 Specific Appropriation #  Specific Appropriation #  Specific Appropriation #  No  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.	Operations Center. for debris storage, s	It will be the primary torm event material	<ul> <li>facility for coording staging and storage</li> </ul>	ating staff and equipm le, and the distributior	nent. The site will in n of public sandbags	clude designated areas s as well as being a key	
Type of Funding Operations Operat	5. State Agency to re	ceive requested fu	<b>nds</b> Division	of Emergency Manag	ement		
Type of Funding Operations Operat	State Agency conta	acted? No					
Type of Funding Operations Operat	6 Amount of the Non	recurring Reguest	for Fiscal Year 20	24-2025			
Operations  Fixed Capital Outlay  Total State Funds Requested  7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)  Type of Funding  Total State Funds Requested (from question #6)  Percentage  Total State Funds Requested (from question #6)  State (excluding the amount of this request)  Other  Other  Other  Other  Total Project Costs for Fiscal Year 2024-2025  State (excluding the amount of this request)  No  Total Project Costs for Fiscal Year 2024-2025  Souther  Other  Ot			101 1 10001 1 001 20		,	1	
Tixed Capital Outlay   25,000,000				Amo	unt		
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) 25,000,000 50%  Matching Funds Federal 0 0 0% State (excluding the amount of this request) 0 0% Local 25,000,000 50% Other 0 0 0% Total Project Costs for Fiscal Year 2024-2025 50,000,000 100%  8. Has this project previously received state funding?  Fiscal Year Amount Specific Vetoed Appropriation #  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.	•	,			25,000,000		
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Matching Funds	Type of Funding			Amount	Percentage		
State (excluding the amount of this request)   0   0%	Total State Funds R	Total State Funds Requested (from question #6)			50%		
State (excluding the amount of this request)  Local  Document	Matching Funds						
Dotal   Dota	Federal			0	0%		
Other 0 0 0%  Total Project Costs for Fiscal Year 2024-2025 50,000,000 100%  8. Has this project previously received state funding?  No  Fiscal Year Amount Specific Vetoed (yyyy-yy) Recurring Nonrecurring Appropriation #  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?	State (excluding the	amount of this requ	uest)				
Total Project Costs for Fiscal Year 2024-2025  8. Has this project previously received state funding?    Fiscal Year	Local			25,000,000			
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Fiscal Year (yyyy-yy) Recurring Nonrecurring Appropriation #  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?	<b>Total Project Costs</b>	s for Fiscal Year 20	)24-2025	50,000,000	100%		
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	b. Describe the sol	urce of funding tha	t can be used in I	ieu of state funding.		1	
	10. Has the entity req	uestina this proje	ct received any fed	deral assistance rela	ited to the COVID-	19 pandemic?	
L VOO						. o paniaonno i	

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



11. Status of Construction

Other

Other

a. What is the current phase of the project?

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0

0

25,000,000

25,000,000

CDBG Cares \$293,951.50 used for utility bill assistance. CDBG Cares \$224,082.55 distributed to entities in Flagler County for community assistance (Flagler Ecumenical Social Service/ Flagler Cares Inc). CARES \$2 million for City of Palm Coast expenditure reimbursement.

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

Planning O Design	Construction N/	A		
b. Is the project "shovel ready" (i	i.e permitted)?	No		
c. What is the estimated start dat	e of construction?	August 1st, 2024		
d. What is the estimated complet	ion date of construction?	July 1st, 2025		
12. List the owners of the facility to relationship between the owner	receive, directly or indirectly or the facility and the en	ctly, any fixed capital tity.	outlay funding. Inc	lude the
City of Palm Coast				
13. Details on how the requested sta	ate funds will be expended	I		
Spending Category		Description		Amount
Administrative Costs:				
Executive Director/Project Head Salary and Benefits				
Other Salary and Benefits				
Expense/Equipment/Travel/Supplies/				

### 14. Program Performance

Planning Engineering

Consultants/Contracted

Consultants/Contracted Services/Study

**Operational Costs: Other** 

Construction/Renovation/Land/

Expense/Equipment/Travel/Supplies/

Fixed Capital Construction/Major Renovation:

Services/Study

Salary and Benefits

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

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

The Palm Coast Operations Center will be constructed as a critical, fortified facility, doubling as the City's Emergency Operations Center. It will be the primary facility for coordinating staff and equipment. The site will include designated areas for debris storage, storm event material staging and storage, and the distribution of public sandbags as well as being a key part of our strategy to ensure that we can maintain the expected service levels needed to serve and protect citizens.

Design and Construction Management Services and Building

Construction Costs associated with the new Operations Center.

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



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	The Project result expanding populat	ing from th	ese funds will en	sure that the	City will mair	ntain the expe	ected level of service for the ever- rations Center	
	c. What direct ser							
	The new facility w	ill support	all of the current	City Services	s that directly	affect the Citi	zens of Palm Coast.	
		The new facility will support all of the current City Services that directly affect the Citizens of Palm Coast.  d. Who is the target population served by this project? How many individuals are expected to be served?						
	The funds reques	ted will ser	ve the citizens of	f Palm Coast	in its entirety	. Greater thar	n 800 people.	
	e. What is the exp be measured?	ected ben	efit or outcome	of this proj	ect? What is	the methodo	ology by which this outcome wi	II
	with the expanding to Citizen Service	population and safety	n and provide en can be quantifie	hanced safe d and assess	ty response p sed through ir	rior to, during nternal perforr	e the citizens currently experience and after major events. The bene mance evaluations, work order is and following major storm even	efit
	f. What are the su for failing to meet	•				•	n addition to its standard penal	ie
	Recipient will com	plete the p	project. Failure to	complete wi	Il result in forf	feiture of fund	S.	_
							-	
15.	Requester Contact	t Informati	on	1				
	a. First Name	Denise		Last Name	Bevan			
	b. Organization	City of Pa	alm Coast					
	c. E-mail Address	dbevan@	palmcoastgov.co	om				
	d. Phone Number	(386)986	-3702	Ext.				
16.	Recipient Contact	Information	on					
	a. Organization		alm Coast					
	b. Municipality and	d County	Flagler					
	c. Organization Ty	pe						
	□For Profit Entity	•						
	,	\(0)						
	□Non Profit 501(d	c)(3)						
	□Non Profit 501(d	c)(4)						
	☑Local Entity							
	□University or Co	llege						

f. Phone Number (386)986-3748



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## 17. Lobbyist Contact Information

a. Name	Laura E. Boehmer
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c. E-mail Address	boehmer@thesoutherngroup.com
d. Phone Number	(850)671-4401