

The Florida House of Representatives

Appropriations Project Request - Fiscal Year 2026-27

For projects meeting the definition of House Rule 5.14

Only Members of the Florida House of Representatives can officially submit an Appropriations Project Request

Your request will not be officially submitted unless all questions and applicable sub parts are answered. The information provided in the request will be posted on the House website and available for public review if an Appropriations Project Request is published by a Representative.

1. **Title of Project:**
2. **Date of Submission:**
3. **House Member Sponsor:**
4. **Details of Amount Requested:**
 - a. Has funding been provided in a previous State budget for this activity? ☐ Yes ☒ No
 - 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? ☐ Yes ☒ No
 - d. Complete the following Project Request Worksheet to develop your request.

FY:	Input Prior Year Appropriation for this project for FY 2025-26 <i>(If appropriated in FY 2025-26 enter the appropriated amount, even if vetoed.)</i>			Nonrecurring Funds Request for FY 2026-27		
Column:	A	B	C	D	E	F
Funds Description	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated	Operations	Fixed Capital Outlay (FCO)	TOTAL Operations + Fixed Capital Outlay (FCO)
Input Amounts			0		900,000	900,000

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e. Provide the total cost of the project for FY 2026-27 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	% of Total	Are the other sources of funds guaranteed in writing?	
1. Amount Requested from the State in this Appropriations Project Request	900,000	6.1 %		
2. Federal	0	0.0 %	<input type="radio"/> Yes	<input type="radio"/> No
3. State (Excluding the requested Total Amount in #4d, Col F)	0	0.0 %	<input type="radio"/> Yes	<input type="radio"/> No
4. Local	13,851,660	93.9 %	<input checked="" type="radio"/> Yes	<input type="radio"/> No
5. Other	0	0.0 %	<input type="radio"/> Yes	<input type="radio"/> No
TOTAL	14,751,660	100.0 %		

5. Is this a multi-year project requiring funding from the state for more than one year? ☐ Yes ☒ No

a. How much state funding would be requested after 2026-27 over the next 5 years? [<Click to Select>](#)

b. How many additional years of state support do you expect to need for this project? [<Click to Select>](#)

c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select "ongoing activity". [<Click to Select>](#)

6. Is this project related to relief or recovery from a natural disaster? ☐ Yes ☒ No

a. If yes, provide the name or a description of the natural disaster and briefly describe how the funding will be used for relief or recovery.

N/A

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7. Which is the most appropriate state agency to place an appropriation for the issue requested?

Division of Emergency Management

- a. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? ☒ Yes ☐ No
- b. Describe suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures.

Repayment of appropriations.

8. Requester:

- a. First Name: Jennifer Last Name: Sadonis
- b. Organization: City of North Port
- c. Email: jsadonis@northportfl.gov
- d. Phone #: (941) 290-2723

9. Contact for questions about specific technical or financial details about the project.

- a. First Name: Stacy Last Name: Aloisio
- b. Organization: City of North Port
- c. Email: saloisio@northportfl.gov
- d. Phone #: (941) 468-9145

10. If there is a registered lobbyist working to secure funding for this project, fill out the information below. If not, click None ☐

- a. First Name: Hayden Last Name: Dempsey
- b. Firm: Greenberg Traurig
- c. Email: dempseyh@gtlaw.com
- d. Phone #: (850) 556-1985

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11. Organization or Name of entity receiving funds:

a. Name:

b. County (County where funds are to be expended)

c. Service Area (Counties being served by the service(s) provided with funding)

12. What type of organization is the entity that will receive the funds?

If other, please describe:

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

The City of North Port has committed over \$13.8 million to build a new, state of the art Emergency Operations Center (EOC). The requested funds will be used to provide the furnishings, fixtures, and equipment (FFE) necessary to fully outfit the EOC, the final funding necessary to complete this project. A fully functional EOC is essential to coordinating emergency preparedness, response, recovery, and mitigation operations that protect lives and property.

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

Spending Category	Description	Amount Requested (Total should equal 4d, Col. F) Enter '0' if request is zero for the category
Administrative Costs		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/ Contracted Services/ Study		
Operational Costs		
Salaries and Benefits		
Expenses/Equipment/ Travel/Supplies/Other		
Consultants/ Contracted Services/ Study		
Fixed Capital Construction/Major Renovation		
Construction/Renovation/ Land/Planning Engineering	Furniture, fixtures, and equipment to furnish the newly constructed City of North Port Emergency Operations Center	900,000
Total Requested		900,000

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15. For Fixed Capital Costs requested in Question 14, what type of ownership will the facility be under when complete?

Local Government

If other, please describe:

100 maximum characters allowed

16. Is the project request an information technology project? ☐ Yes ☒ No **Water projects skip to #17**
- a. Will this information technology project be managed within a state agency to support state agency program goals? ☐ Yes ☐ No

- b. What is the total cost (all years) to design and build the project?

- c. What are the ongoing (annual recurring) maintenance and operation costs once the project is completed?

- d. Has the state agency indicated it has sufficient funds for the ongoing annual recurring costs within its current operating budget? ☐ Yes ☐ No

- e. What are the specific business objectives or needs the IT project is intended to address?

400 maximum characters allowed

- f. Based upon the identified business objectives or needs, what are the success factors that must be realized in order for the state agency to consider the proposed IT project a success?

100 maximum characters allowed

17. 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 ☐ No

Please describe:

Letter of Support from Community Emergency Response Teams (CERTs) throughout the City of North Port attached. The City of North Port has created a CIP for the project (F24EOC) and has already committed over \$13 million dollars to its construction. Groundbreaking for construction is tentatively scheduled for January 2026.

18. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served? ☒ Yes ☐ No
- Please describe:

A Long-Term Disaster Recovery and Resilience Strategy was completed by Olson Group, Ltd. in 2024. The Strategy provides guidance and planning considerations to help support long-term recovery and resilience. It highlighted vulnerabilities in City of North Port resiliency efforts, the most notable being the need to build and outfit an Emergency Operations Center for the City.

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19. Will the requested funds be used directly for services to citizens? ☒ Yes ☐ No

Water projects skip to #20

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

Outfitting the EOC with furniture, fixtures, and equipment will support a fully staffed emergency response during times of disaster. Having current equipment for use during emergencies is imperative for continuity of operations. Community outreach and education will be provided during blue skies, as well as collaboration with North Port's Community Emergency Response Teams (CERT).

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

The Situation Room, Emergency Call Center, Joint Information Center, and Backup Data Center will be located in this building. During times of emergency, citizens will receive emergency management and support services. During non-emergency times, Emergency Management will provide community outreach and preparedness services available to the citizens.

c. 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:

- | | |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Elderly persons | <input type="checkbox"/> Drug users (in health services) |
| <input type="checkbox"/> Persons with poor mental health | <input type="checkbox"/> Preschool students |
| <input type="checkbox"/> Persons with poor physical health | <input type="checkbox"/> Grade school students |
| <input type="checkbox"/> Jobless persons | <input type="checkbox"/> High school students |
| <input type="checkbox"/> Economically disadvantaged persons | <input type="checkbox"/> University/College students |
| <input type="checkbox"/> At-risk youth | <input type="checkbox"/> Currently or formerly incarcerated persons |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Drug offenders (in criminal Justice) |
| <input type="checkbox"/> Developmentally disabled | <input type="checkbox"/> Victims of crime |
| <input type="checkbox"/> Physically disabled | <input checked="" type="checkbox"/> General (The majority of funds will benefit no specific group) |
| <input type="checkbox"/> Other, please describe: | |

Required if 18c - Other is checked (100 maximum characters allowed)

d. How many in the target population are expected to be served?

>800

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20. 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 or outcome
Improve physical health		
Improve mental health		
Enrich cultural experience		
Improve agricultural production/ promotion/education		
Improve quality of education		
Enhance/preserve/improve environmental or fish and wildlife quality		
Protect the general public from harm (environmental, criminal, etc.)	1. Benefit: Faster response times due to coordinated resource deployment. 2. Benefit: Resource prioritization for most critical need. 3. Benefit: Continuity of operations for essential government and critical infrastructure during times of crisis.	1. Measure: reduced response times. 2. Measure: reduced request and resolution times. 3. Measure: reduced resolution times for restoration of essential services.

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Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit or outcome
Improve transportation conditions	Benefit: quicker response to infrastructure disruptions post-disaster	Measure: quicker infrastructure stabilization post-disaster
Increase or improve economic activity		
Increase tourism		
Create specific immediate job opportunities		
Enhance specific individual's economic self sufficiency		
Reduce recidivism		
Reduce substance abuse		

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Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit or outcome
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)		

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The questions below are additional questions for water projects only

21. Have you applied for alternative state funding? Select all that apply:

- a. ☐ Wastewater Revolving Loan
- b. ☐ Drinking Water Revolving Loan
- c. ☐ Small Community Wastewater Treatment Grant
- d. ☐ Resilient Florida Grant
- e. ☐ Water Quality Improvement Grant
- f. ☐ Other (Please describe)
- g. ☒ N/A

22. What is the population economic status?

- a. ☐ Financially Disadvantaged Municipality
- b. ☐ Rural Area of Critical Economic Concern
- c. ☐ Rural Community Experiencing Economic Distress
- d. ☒ N/A

23. What is the status of construction?

- a. ☐ Ready
- b. ☐ Not Ready

24. What percentage of construction has been completed?

 %

25. What is the estimated completion date of construction?