

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Midway Fire District
2. Date of Submission: 10/03/2019
3. House Member Sponsor: Alex Andrade  
Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes  
***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? 2019-20
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 (If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2020-21 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	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)	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:		500,000	500,000		625,000	625,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? 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? Department of Financial Services
  - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No
  - 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.  
Failure to meet deliverables will result in return of funds to administering agency.

6. Requester:

- a. Name: Jonathan Kanzigg
- b. Organization: Midway Fire District
- c. Email: jonathan.kanzigg@midwayfire.com
- d. Phone #: (850)232-5351

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

- a. Name: Jonathan Kanzigg
- b. Organization: Midway Fire District
- c. Email: jonathan.kanzigg@midwayfire.com
- d. Phone #: (850)232-5351

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: Midway Fire District
- b. County (County where funds are to be expended): Santa Rosa
- c. Service Area (Counties being served by the service(s) provided with funding): Escambia, Okaloosa, Santa Rosa

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

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

This replacement training tower would replace a 31 year old tower that was structurally condemned in 2017. The condemned tower was the first and only tower in Santa Rosa County and was one of only 27 certified training centers in the State of Florida. Our primary goal is to train our local county firefighters both volunteer and paid. Our second goal is to host fire academy classes that will certify firefighters to work anywhere in the state.

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:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	This project will pay for the demolition and hauling off of the condemned tower, permitting and planning, and construction of a new 4 story. 2000 square foot tower, with a burn room, high angle and confined space capabilities, and a concrete pad	625,000

	around the facility.	
TOTAL		625,000

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)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (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:

Congressman Matt Gaetz has written a letter of support, along with the elected Board of Fire Commissioners. This is one of 27 state certified training facilities as recognized by the Florida State Fire College.

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

Yes

16a. Please Describe:

In October of 2018, the Midway Fire District, Holley Navarre Fire District and Navarre Beach Fire Rescue hired Emergency Services Consulting International for \$35,000 to complete a Cooperative Efforts Feasibility Study. This study identified the lack of needed facilities and staffing to sustain the growth need in south Santa Rosa County.

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?

Design and Construction services to build a permanent fire training structure.

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

Having a 4 story training tower will allow the District to receive full points from the Insurance Service Organization or ISO. There will be an increase in fire and emergency protection for the citizens of the district. Hands on training will also provide the district with better skilled responders. The training tower is also utilized by local SWAT members of the Santa Rosa County Sheriff's Office to practice their entry drills.

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
- Developmentally disabled
- 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): All citizens will receive benefits of having trained firemen.

17d. How many in the target population are expected to be served?

- < 25
- 25-50

- 51-100
- 101-200
- 201-400
- 401-800
- >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
<input checked="" type="checkbox"/> Improve physical health	The training tower will have both an interior and exterior stairwell that will be utilized for daily physical fitness of responders.	Each responder is required to complete one hour of physical training per day. The Training hours are documented and reported to the Board of Fire Commissioner at their monthly meeting.
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	The property where the training tower is located has a full sized classroom with props. Different certification levels require a skill check off task book to be completed by a Florida State Certified Fire Instructor.	The education curriculum is approved by the Florida State Fire College. All documented training and education is reported monthly to the Board of Fire Commissioner and used with the grading from the Insurance Service Organization, ISO.
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		

<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Training volunteers to the FF1 level is one of the fire district's measurable goals. Having a FF2 certification allows any fire district in the state to hire that person. As Santa Rosa County grows the need for more certified firefighters grows.	There is no way to measure the value of a volunteer firefighter serving their community. All hours served are tracked and reported monthly to the Board of Fire Commissioners.
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?

1. Amount Requested from the State in this Appropriations Project Request:	625,000	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
<b>TOTAL</b>	<b>625,000</b>	<b>100%</b>	

20. Is this a multi-year project requiring funding from the state for more than one year?

No