

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Dunedin EOC/Fire Training Facility
2. Date of Submission: 10/21/2019
3. House Member Sponsor: Chris Latvala
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 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i> | | | Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i> | | |
|--------------------|---|-------------------------------|---|---|--|---|
| Column: | A | B | C | D | E | F |
| Funds Description: | Prior Year Recurring Funds | Prior Year Nonrecurring Funds | Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i> | Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i> | Additional Nonrecurring Request | TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i> |
| Input Amounts: | | 1,000,000 | 1,000,000 | | 2,000,000 | 2,000,000 |

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.
The City of Dunedin's legal representation will review all contracts and agreements for their legality prior to starting the project.

6. Requester:

- a. Name: Jeffrey Parks
- b. Organization: City of Dunedin
- c. Email: JParks@dunedinfl.net
- d. Phone #: (727)298-3094

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

- a. Name: Jeffrey Parks
- b. Organization: City of Dunedin
- c. Email: JParks@dunedinfl.net
- d. Phone #: (727)298-3094

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: City of Dunedin
- b. County (County where funds are to be expended): Pinellas
- c. Service Area (Counties being served by the service(s) provided with funding): Pinellas

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?

Currently the City EOC is located in a non-rated structure that is within 1/3 mile from the Gulf of Mexico and adjacent to the City's sewer treatment plant which houses hazardous materials. To date, the project plan includes a hardened Category 5 structure that will serve as both an EOC (during disasters) and a regional fire training (6 departments) and public education complex allowing North Pinellas County Fire Departments. a closer training facility to be more readily available for response.

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 | Construction of a 5,429 sq ft Emergency Operations Center (EOC)/ North Pinellas County Regional Fire Training and Public Education Complex including a multi- | 2,000,000 |

| | | |
|-------|----------------------------|-----------|
| | use 3 story burn building. | |
| TOTAL | | 2,000,000 |

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:

The Dunedin City Commission has approved the construction of this facility in their annual CIP. Letters of support from the North Pinellas County Fire Departments.

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

No

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?

The City of Dunedin will maintain continuity of operations for essential City functions during and after large scale disasters as the EOC/Training Classroom structure has been designed for autonomous operations for a seven day period. During non-disaster operations, the facility will be used as a multi-classroom training center intended to be used by six fire departments including the City of Dunedin for fire, hazardous materials, EMS/medical, and other related topics. In addition, the trainin

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

This EOC building will allow City officials to coordinate the preparedness, mitigation, response, and recovery when faced with a significant event. During a disaster, essential information will be distributed to the citizens of the City from this location as well as the direct command and control of essential post-disaster response whether sourced locally, from Pinellas County, or through State or Federal means. This EOC will have the potential to allow other north County municipalities and sp

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)

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 | - EOC will allow for quicker response and recovery during an emergency. - Fire apparatus training at a closer facility. | Ability to maintain continuity of local government during an emergency. - Having emergency units closer to the North County will greatly reduce response times when any heavy call volume occurs. |
| <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 | Fire Prevention classes to school age children. | This facility is adjacent to an active fire station which will allow school and daycare children to visit the fire station and then go to the classroom in the new building for further education. |
| <input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality | | |
| <input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.) | Quicker recovery of the City with a reliable structure that City government can function from during and after major emergencies. - Closer fire training facility for North Pinellas County departments. | - Better access to City government. - Fire training closer to the North County will allow for quicker response times, reduced fuel and maintenance costs. |

| | | |
|--|--|--|
| <input type="checkbox"/> Improve transportation conditions | | |
| <input type="checkbox"/> Increase or improve economic activity | | |
| <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: | 2,000,000 | 23.8% | N/A |
| 2. Federal: | 0 | 0.0% | No |
| 3. State: (Excluding the requested Total Amount in #4d, | 2,000,000 | 23.8% | Yes |

| | | | |
|-----------|-----------|-------|-----|
| Column F) | | | |
| 4. Local: | 4,396,000 | 52.4% | Yes |
| 5. Other: | 0 | 0.0% | No |
| TOTAL | 8,396,000 | 100% | |

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

No