

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Enhancing Critical incident Response Capability in West Palm Beach
2. Date of Submission: 11/07/2017
3. House Member Sponsor: Rick Roth
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
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?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <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:					525,000	525,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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 Law Enforcement
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
 - 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.
N/A

6. Requester:

- a. Name: Mayor Jeri Muoio
- b. Organization: Cityof West Palm Beach
- c. Email: jmuoio@wpb.org
- d. Phone #: (561)822-1400

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

- a. Name: Chief Diana Matty
- b. Organization: West Palm Bech Fire Rescue Department
- c. Email: dmatty@wpb.org
- d. Phone #: (561)822-2220

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

- a. Name: Kimberly Case
- b. Firm: Holland & Knight:Gray-Robinson
- c. Email: kimberly.case@hklaw.com
- d. Phone #: (850)425-5603

9. Organization or Name of entity receiving funds:

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

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?

To ensure the safety of nearly four million residents, visitors, and workers in West Palm Beach, first responders will be provided critical equipment to swiftly and effectively respond to critical incidents, or mass casualty events.

The requested equipment will enhance effectiveness of Police and Fire Rescue response, allow for rapid resolution of incidents, improve protection of citizens along the Waterfront and minimize delays in treating injured parties affected by a major incident.

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 checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	The following assets will be purchased. The following assets will be purchased. Each item will be cost shared by the City (and, in the case of the Patrol Boat, USDOJ as well) - see cost share information in the next question. - Mass Casualty Response Truck (\$310,000 total cost) - Mass Casualty Response Unit Supplies (\$80,000 total cost): for example, backboards, stretchers, IV fluids,	525,000

	lights, etc. - Patrol Boat (\$189,970 total cost) - Incident Command Vehicle (\$532,000 total cost)	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		525,000

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)

N/A

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:

This proposal has the support of multiple project partners including the Marine Industries Association of Palm Beach County, the Town of Palm Beach, Sheriff Ric Bradshaw, Palm Beach County, and Florida Crystals. The City has committed to sharing the cost of this project, as evidenced by the Mayoral letter attached.

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?

No

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
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<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of 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.)	Enhanced safety of West Palm Beach residents and visitors as evidenced by response time and minimized casualties for major incidents.	Number of incidents utilizing emergency equipment (via after action reports) - Response time to major incidents with vehicles - # of incident injuries or casualties - # of coordinated calls to incidents
<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 2018-19 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:	525,000	47.3%	N/A
2. Federal:	59,970	5.4%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	525,000	47.3%	Yes
5. Other:	0	0.0%	No
TOTAL	1,109,970	100%	

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

No