

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Hillsborough County Sheriff's Office Explosive Ordnance Disposal (EOD) Team - Response Vehicle

2. Date of Submission: 10/03/2019

3. House Member Sponsor: Jackie Toledo

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 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: | | | | | 546,250 | 546,250 |

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 Law Enforcement

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.

Forfeit of funds.

6. Requester:

- a. Name: Chad Chronister
- b. Organization: Hillsborough County Sheriff's Office
- c. Email: cchronis@hcsso.tampa.fl.us
- d. Phone #: (813)247-8000

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

- a. Name: Amanda Shaw
- b. Organization: Hillsborough County Sheriff's Office
- c. Email: ashaw@hcsso.tampa.fl.us
- d. Phone #: (813)247-8235

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: Hillsborough County Sheriff's Office
- b. County (County where funds are to be expended): Hillsborough
- c. Service Area (Counties being served by the service(s) provided with funding): Citrus, Hardee, Hernando, Hillsborough, Pasco, 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?

This project will allow the Hillsborough County Sheriff's Office (HCSO) Explosive Ordnance Disposal (EOD) team to better serve the citizens of the eight-county Tampa Bay region and the state of Florida by enhancing the team's ability to respond statewide with sufficient personnel and equipment to support other local and federal agencies while remaining self-sustaining during deployments. The HCSO EOD team is the primary EOD team for the Tampa Bay region and also responds statewide.

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 | An operational response vehicle will accommodate sufficient equipment and personnel for longer-term, self-sustained deployments to assist other agencies. The vehicle requested will be able to transport all EOD team equipment to incident locations in the most efficient way possible and with a full complement of team personnel. | 546,250 |
| <input type="checkbox"/> g. Consultants/Contracted Services/Study | | |

| | | |
|---|--|---------|
| Fixed Capital Construction/Major Renovation: | | |
| <input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | | |
| TOTAL | | 546,250 |

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:

Tampa Bay supports this project and has built a space within one of their structures to house the HCSO EOD team's operational response vehicle on Port Tampa Bay property.

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 HCSO will obtain an operational response vehicle sufficient to transport all of their equipment in order to be able to be as prepared as possible to respond to all types of incidents. As the primary EOD team for the eight-county Tampa Bay region, the Hillsborough County

Sheriff's Office EOD Team will respond throughout the region and statewide to suspicious package/device incidents and in order to provide a safer experience for citizens and tourists attending large events.

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

Prevention activities at large-scale events and venues provide safer conditions for citizens and tourists. Responses to suspicious items/locations and integration with other specialty teams and disciplines likewise serve to protect the public and provide a safer operating environment for other responders such as Fire Rescue personnel.

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 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.) | Protect the general public from harm (environmental, criminal, etc.): Improved ability to respond statewide with full complement of equipment and personnel, and to self-sustain during longer-term responses anywhere in the state of Florida. Provide prevention and response services throughout the region and statewide. | Records for all deployments within the Tampa Bay region and statewide can be provided, including details of services provided and equipment utilized, and deployment times. |
| <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: | 546,250 | 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 |

| | | | |
|-------|---------|------|--|
| TOTAL | 546,250 | 100% | |
|-------|---------|------|--|

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

No