

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Bronson Fire Station Replacement Project
2. Date of Submission: 10/15/2019
3. House Member Sponsor: Charlie Stone  
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? No
- 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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		900,000	900,000		950,000	950,000

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? 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.

Current generally accepted penalties for non-compliance will be included in the bid award. The Town of Bronson will establish a critical path schedule

6. Requester:

- a. Name: Fire Chief Dennis Russell
- b. Organization: Town of Bronson Volunteer Fire Rescue
- c. Email: firechief@townofbronson.org
- d. Phone #: (352)283-3970

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

- a. Name: Deputy Chief Paul Anderson
- b. Organization: Town of Bronson Volunteer Fire Rescue
- c. Email: paulndrsn501@aol.com
- d. Phone #: (239)980-0210

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

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?

A facility meeting current codes, allow proper storage/maintenance/security of equipment & vehicles, vehicle exhaust evacuation system, emergency generator back-up power, additional capacity for fire/EMS vehicles, and living quarters for personnel that the current station does not provide and is not capable of alteration to provide; enhanced emergency response/improved response times, facilities for Ambulance during severe storms instead of local Ambulance required to leave town. Town has land.

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 in a design-build format. Town has already acquired land for this project, valued at \$99,900, and will be contributing \$50,000 towards the cost of construction; total of	950,000

	\$149,900 Town contribution. FY 2019-2020 state funding was \$900,000.	
TOTAL		950,000

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:

City Council public meeting supporting project, acquiring land for project, and approving budgeted expenditures towards cost of project; support from county fire & EMS Chief, support from County Commissioners, Levy County Local Legislative Delegation public meeting supporting project.

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?

Construction in a design-build format to meet all current codes and standards for a public facility providing emergency services.

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

Fire protection, fire prevention, rescue, emergency medical services, hazard mitigation, public fire safety education, public safety training, "A Safe Haven for Newborns", "Safe Place" for adolescents, Town Emergency Operations Center, public meeting space.

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	Units and personnel at this fire station will respond to medical calls as well as provide walk-in blood pressure and blood sugar monitoring services for individuals required to monitor these levels.	Documentation of number of individuals served and number of services provided.
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	Provide a meeting and/or display space for cultural groups.	Documentation of use of the building by various groups.
<input checked="" type="checkbox"/> Improve agricultural production/promotion/education	Provide a meeting, display, or classroom area for promoting and educating agriculture.	Documentation of use of the building by various groups.
<input checked="" type="checkbox"/> Improve quality of education	Provide a meeting, display, or classroom area for education-related activities.	Documentation of use of the building by various groups.
<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.)	Respond to emergency and non-emergency calls for service from this facility. Provide "A Safe Haven for Newborns" and "Safe Place" facility. Provide location for reporting crimes or seeking assistance.	Documentation of numbers of calls for service and services provided
<input type="checkbox"/> Improve transportation conditions		

<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Construction-related jobs will be created during site work and construction phases.	Records of number of individuals employed during construction.
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	Provide facility for meetings and educational classes related to substance abuse.	Documentation of use of the building by various groups.
<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 checked="" type="checkbox"/> Other (Please describe): Fire and Emergency Services	Improved emergency services and response time due to ability to staff fire station 24-hours a day. Ability for Ambulance to remain in town during severe storms.	Documentation of response times and personnel responding.

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:	950,000	47.5%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	900,000	45.0%	Yes
4. Local:	149,900	7.5%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>1,999,900</b>	<b>100%</b>	

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

No