

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Suwannee County Fire Station
2. Date of Submission: 10/23/2019
3. House Member Sponsor: Chuck Brannan  
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<br>for FY 2019-20<br><i>(If appropriated in 2019-20 enter the<br/>appropriated amount, even if vetoed.)</i> |                               |   | Develop New Funds Request<br>for FY 2020-21<br><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<br><br><i>(Recurring plus Nonrecurring:<br/>column A + column B)</i> | Recurring Base Budget<br><br><i>(Will equal non-vetoed amounts provided in Column A)</i>                        | <b>Additional Nonrecurring Request</b> | <b>TOTAL Nonrecurring plus Recurring Base Funds</b><br><br><i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i> |
| Input Amounts:     |   |                               |   |   | 850,000                                | 850,000   |

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.  
Standard contract penalties are sufficient

6. Requester:

- a. Name: Randy Harris
- b. Organization: Suwannee County Board of County Commissioners
- c. Email: randyh@suwgov.org
- d. Phone #: (386)590-4773

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

- a. Name: Randy Harris
- b. Organization: Suwannee County Board of County Commissioners
- c. Email: randyh@suwgov.org
- d. Phone #: (386)590-4773

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

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?

Construction of a new fire station in the north portion of the County to facilitate/support full time fire fighters and EMS personnel responding to emergency calls in the northern section of the County and I-10 traffic corridor with the shortest amount of drive time. Reduction of lost property due to fire. Lives saved because of fast response.

12. Provide specific details on how funds will be spent. (Select all that apply)

| Spending Category  | Description   | Nonrecurring<br>(Should equal 4d, Col. E) Enter "0" if<br>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          | Furniture, fixtures and equipment for<br>the new fire station | 100,000  |
| <input type="checkbox"/> g. Consultants/Contracted Services/Study                        |   |  |
| Fixed Capital Construction/Major Renovation:   |   |  |
| <input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | Construction costs  | 750,000  |
| <b>TOTAL</b>   |   | <b>850,000</b>   |

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:

County Resolution, Petitions, Letters from Chamber of Commerce and other parties.

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?

Design and construction of a fire station with three (3) vehicle bays that will meet the needs of the Suwannee County Fire and EMS department for the next 40 years.

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

Faster response times in saving property from fires, saving lives in accidents or medical emergencies. Lower ISO insurance ratings.

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): The new fire station will provide direct benefit/service to all citizens in the northern County area

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 | Provide quicker/faster first responder service in emergency situations. | Track/record response time to emergency calls.     |
| <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 checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality  | Contain or limit exposure and spread of pollutants and contaminants involved in fires and traffic accidents that would otherwise be allowed to propagate due to slow response times. | Track emergency events involving hazardous materials that could harm environment and response time. |
| <input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.) | Contain or limit exposure to environmental harm associated with fires, traffic accidents and hurricanes that would otherwise be allowed to propagate due to slow response times.     | Track emergency events involving hazardous materials that could harm environment and response time. |
| <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: | 850,000          | 73.9%            | 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:  | 300,000          | 26.1%            | No  |
| 5. Other:  | 0                | 0.0%             | No  |
| <b>TOTAL</b>   | <b>1,150,000</b> | <b>100%</b>      |   |

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

No