

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Apopka Fire Station
2. Date of Submission: 10/22/2019
3. House Member Sponsor: Kamia Brown
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:		500,000	500,000		1,918,689	1,918,689

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.
Standard contracting penalties.

6. Requester:

- a. Name: Mayor Bryan Nelson
- b. Organization: City of Apopka
- c. Email: bnelson@apopka.net
- d. Phone #: (407)703-1601

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

- a. Name: Sean Wylam
- b. Organization: City of Apopka Fire Department
- c. Email: swylam@apopka.net
- d. Phone #: (407)703-1756

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 Apopka Fire Department
- b. County (County where funds are to be expended): Orange
- c. Service Area (Counties being served by the service(s) provided with funding): Orange

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 design and construct a permanent fire station to replace a temporary facility currently on-site in the south-west region of the City. This permanent station will help to protect the lives, welfare, and property of all stakeholders within the south-west area of our City and surrounding areas. The design is +/- 2680 SF living quarters and +/- 5000 SF apparatus bay/storage areas. The facility will house 4-6 firefighters and minimum of 4 apparatus.

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	The design is +/- 2680 SF Living quarters and +/- 5000 SF apparatus bay/storage areas. The facility will house 4-6 firefighters and minimum of 4 apparatus	1,918,689
TOTAL		1,918,689

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:

Received City Council approval and funding for the current temporary facility and staffing in 2017.

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

Yes

16a. Please Describe:

During our most recent evaluation by the Insurance Services Office (ISO), several areas within the City were identified where continued growth could affect our grading due to increase response times. This area was one of those identified. The completion of the new hospital facility, continued residential development in this area, and the projected increases in population density has necessitated the need for a permanent facility.

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?

To seek architectural/engineering design, permitting, bidding, construction project management and construction services to design and construct a permanent fire station to serve and protect all stakeholders including citizens, visitors, and the business community of the south-west region of our City.

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

This permanent station will help to protect the lives, welfare, and property of all stakeholders within the south-west area of our City and surrounding areas by providing excellent service in the event of natural or other disasters through the effective use of current techniques in fire suppression, fire prevention, vehicle extrication, hazardous materials mitigation, emergency medical services, and public education.

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	Reducing response times of ALS transport units.	Having a fully staffed fire station to respond to a fire scene allows firefighting operation to begin in an immediate and proficient manner.
<input checked="" type="checkbox"/> Improve mental health	Reducing response times in cases of psychiatric treatment	Transport units response times will be reduced, decreasing the overall transport time to a stroke, psychiatric or other specialized treatment center.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Expand Public Education and Fire Safety Programs	The ability to offer the same education programs to the residents of this area, in a facility more convenient for them to attend.
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Reduce response times for a Hazardous Materials incident	Reducing the response times in a Hazardous Materials Spill greatly reduces the impact to the environment especially in roadways at these can directly impact fish and wildlife.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Improve overall response times, transport arrival times and to provide	Providing a facility that is capable of being fully staffed by professional

	more personnel on the scene of emergencies quicker.	firefighters and paramedics and housing specialized apparatus and equipment.
<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	Hire additional professional firefighters and paramedics	Anywhere from 6-12 personnel may be needed to staff this facility once construction is completed.
<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:	1,918,689	50.2%	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:	1,900,000	49.8%	No
5. Other:	0	0.0%	No
TOTAL	3,818,689	100%	

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

No