

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Dixie County Fire Station
2. Date of Submission: 11/04/2019
3. House Member Sponsor: Charles Clemons
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:					1,347,500	1,347,500

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.
Fixed Capital Construction

6. Requester:

- a. Name: Tim Alexander
- b. Organization: Dixie County Board of County Commission
- c. Email: tim.alexander@dixie.fl.gov
- d. Phone #: (352)498-1426

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

- a. Name: Darian Brown
- b. Organization: Dixie County Emergency Services
- c. Email: darian.brown@dixie.fl.gov
- d. Phone #: (352)578-5020

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

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?

These funds will be used to add a fire station to our existing EOC. It will improve housing of crews and equipment and allow for addition of more resources that are greatly needed. It will also add space to our existing EOC to increase functionality of the facility. It will allow our department the needed space to prepare for the proposed highway expansion and needs presented as well as increasing service levels to our existing community. This facility will replace two smaller stations.

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	Funding would allow an addition of 7700 Sq. Ft. to our existing EOC that would replace two smaller stations that are outdated and unsafe, as well as allow for additional office space at the EOC to increase functionality of	1,347,500

	the facility	
TOTAL		1,347,500

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?

No

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?

Housing of emergency response crews and equipment to service Dixie County, the Town of Cross City and The Town of Horseshoe Beach and improvement of operations during declared disasters and emergencies.

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

Improved and expanded emergency response to the citizens. Improved safety of Emergency Crews while on duty, thus reducing liability to the County. Improved ability for additional expansion of the department in regards housing capabilities for more staff and equipment. Improved function of the EOC by allowing for further expansion of the facility with additional and much needed office space thus improving response to our citizens during emergency situations.

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	This will allow for a greater and quicker medical response to our citizens which will ensure a more positive physical outcome of emergencies as they arise	Routine monitoring of response records as well a medical outcomes of patients affected.
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input checked="" type="checkbox"/> Improve agricultural production/promotion/education	This will allow for a better and quicker response to agricultural related incidents, thereby resulting in direct agricultural crop savings.	Monitoring of agricultural acres burned during wildfire events. Monitoring of response to agricultural sites to ensure proper staffing and apparatus for the situation.
<input checked="" type="checkbox"/> Improve quality of education	Improved fire safety education as well as increased awareness of vocational training courses to move into the emergency services field	review and comparison of past educational events and staffing levels to verify increased opportunity with the additional staffing that will be allowed with completion of the project
<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.)	this will allow our department to consolidate resources to allow for a more managed response as well as allow for the addition of staff and equipment which will enhance emergency response	Review of response and staffing reports to ensure adherence to federal and state mandated response
<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:	1,347,500	50.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	1,347,500	50.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No

TOTAL	2,695,000	100%	
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20. Is this a multi-year project requiring funding from the state for more than one year?

No