

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: North Port Public Safety Training Track

2. Date of Submission: 11/06/2019

3. House Member Sponsor: James Buchanan

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:					750,000	750,000

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 Law Enforcement

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.

Suggested penalty would be repayment of the appropriation amount with interest, and refusal to accept future proposals from the municipality for up to five years.

6. Requester:

- a. Name: Valerie Malingowski
- b. Organization: City of North Port
- c. Email: vmalingowski@cityofnorthport.com
- d. Phone #: (941)429-7001

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

- a. Name: Dep. Police Chief Christopher Morales
- b. Organization: City of North Port
- c. Email: cmorales@cityofnorthport.com
- d. Phone #: (941)429-7319

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Hayden Dempsey
- b. Firm: Greenburg Traurig, PA.
- c. Email: heberj@gtlaw.com
- d. Phone #: (850)425-8515

9. Organization or Name of entity receiving funds:

- a. Name: City of North Port
- b. County (County where funds are to be expended): Sarasota
- c. Service Area (Counties being served by the service(s) provided with funding): Charlotte, Collier, Glades, Hendry, Lee, Sarasota

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 is to construct a new driving track certified by the Florida Department of Law Enforcement (FDLE) and the Criminal Justice Standards Training Commission (CJSTC) to serve the police academy at Suncoast Technical College (STC) and Police municipalities in Region 10, which includes Charlotte, Collier, Glades, Hendry, Lee and Sarasota counties, in order to provide exceptional first responder service for increased community protection and resiliency.

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	Design, permitting and construction of a new FDLE/CJSTC certified track to be used by Police municipalities in Region 10 and Suncoast Technical	750,000

	College training.	
TOTAL		750,000

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:

Current reciprocity agreement with Police municipalities in Region 10, Memorandum of Understanding with Suncoast Technical College, North Port City Commission support.

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 City has a memorandum of understanding with Suncoast Technical College (STC) Criminal Justice Academy to provide a certified driving range and training center that is consistent with the Criminal Justice Standards Training Commission standards. The City currently has a certified track, constructed in 1990, which was grandfathered under old regulations. The current track is used by STC and regional municipalities in Region 10 for maneuver training.

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

The citizens of the City of North Port and surrounding communities will directly benefit by having highly trained and skilled emergency response personnel available for critical incidents, helping to increase the community resiliency. Increased visitation from outside agencies to North Port will increase sales and surtax dollars, which is used to offset capital items that would otherwise be paid for by ad-valorem taxes. This helps shift the tax burden away from residents.

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.)	Provide training to public safety personnel in Charlotte, Collier, DeSoto, Glades, Hendry, Lee and Sarasota Counties and students at STC. Provide increased community resiliency with advanced training.	Report on facility use. Number of classes, types of classes/class name and municipalities/academy using the campus.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Increased visitation from neighboring police departments will create an increase to the amount spent for food and lodging.	Number of classes and attendees.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Immediate job creation from contracting design and construction	Employment count from consultant and contractor.

	of the track and building.	
<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:	750,000	50.0%	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:	750,000	50.0%	Yes
5. Other:	0	0.0%	No

TOTAL	1,500,000	100%	
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20. Is this a multi-year project requiring funding from the state for more than one year?

No