

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Brevard County EOC Construction - Phase 1
2. Date of Submission: 11/01/2019
3. House Member Sponsor: Tyler Sirois
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>	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:		513,500	513,500		1,000,000	1,000,000

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? Executive Office of the Governor
 - 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.
delay reimbursement

6. Requester:

- a. Name: Kimberly Prosser
- b. Organization: Brevard County Board of County Commissioners
- c. Email: kimberly.prosser@brevardfl.gov
- d. Phone #: (321)403-6946

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

- a. Name: Kimberly Prosser
- b. Organization: Brevard County Board of County Commissioners
- c. Email: kimberly.prosser@brevardfl.gov
- d. Phone #: (321)403-6946

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

- a. Name: Ron Book
- b. Firm: Ronald L. Book, PA
- c. Email: rana@rlbookpa.com
- d. Phone #: (786)417-3504

9. Organization or Name of entity receiving funds:

- a. Name: Brevard County Board of County Commissioners
- b. County (County where funds are to be expended): Brevard
- c. Service Area (Counties being served by the service(s) provided with funding): Brevard, Indian River, Lake, Martin, Orange, Osceola, St. Lucie, Seminole, Volusia

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 new EOC of sufficient size and technology capacity would enable Brevard County to better provide emergency response, recovery, training and mitigation -- all part of the County's responsibility under Florida Statute 252. The funds requested would provide for the conclusion of the site work, required before the construction phase could begin.

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	A contractor will be utilized to complete the site work on the land designated for the future EOC as well as the current property. Site work must be complete before construction can begin.	1,000,000

TOTAL		1,000,000
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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:

The Brevard County Board of County Commissioners, the Space Coast League of Cities, and every municipality within Brevard County has passed a resolution in support of this project. The Board of County Commissioners has designated this project annually as a legislative priority for multiple years. It is supported by state and federal legislators. There have also been letters to the editor in the local newspaper, from county residents.

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:

(1) Property Condition Assessment Report for Brevard County EOC, prepared by PBS&J, 1/17/2005, requested by Brevard County Board of Commissioners (2) Spatial Needs Analysis for Brevard EOC & 911 Communication Center, prepared by ADG, 2/16/2012, requested by Brevard County, funded by FDEM

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?

In addition to emergency communication, preparedness, response, training, recovery, and mitigation provided for all county residents and visitors, the EOC also houses the secondary 911 answering point which dispatches emergency medical response throughout the county and fire response in all unincorporated and some incorporated areas of the county.

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

all those listed above

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): all residents and visitors within east Central Florida, due to hazards affecting Brevard County

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.)	lives saved during emergencies	statistics of lives lost during emergencies tracked in coordination with the National Weather Service
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	job created	people employed by construction contractors, tracked by the Economic Development Commission
<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:	1,000,000	29.5%	N/A
2. Federal:	718,850	21.2%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	367,000	10.8%	Yes
4. Local:	1,000,000	29.5%	Yes
5. Other:	300,000	8.9%	Yes
TOTAL	3,385,850	100%	

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

No