

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Glades County E-911 Public Safety Facility
2. Date of Submission: 11/13/2019
3. House Member Sponsor: Cary Pigman
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:					700,000	700,000

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 Management 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.
non payment of invoices until milestones achieved, implement a corrective action plan

6. Requester:

- a. Name: Tim Stanley
- b. Organization: Glades County Board of County Commissioners
- c. Email: tstandly@myglades.com
- d. Phone #: (863)946-6000

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

- a. Name: Tim Stanley
- b. Organization: Glades County Board of County Commissioners
- c. Email: tstandly@myglades.com
- d. Phone #: (863)946-6000

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

- a. Name: Connie Vanassche
- b. Firm: CAS Governmental Services LLC
- c. Email: ccvgovser@gmail.com
- d. Phone #: (561)512-0089

9. Organization or Name of entity receiving funds:

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

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?

Goal is to address State requirement for backup E911 (PSAP) system to be located away from Moore Have & further away from Lake Okeechobee & is not fed from the same power grid, network services & Central offices to minimize service disruption, as experienced after Hurricane Irma, where service was out for 3 days. The proposed facility is to be located in the Muse Community & will include EMS & fire. Improves life health & safety; provides quicker emergency response times.

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	Contractual Construction Services	700,000
TOTAL		700,000

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:

8-14-2018 Board of County Commissioners meeting; State of Florida Dept. of Management Services letter 8-17-18

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?

Procurement of design and construction services through the County's procurement policy to construction 4,500 sq. ft. public safety building as designed.

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

Reliable E911 system, quicker emergency response times. Emergency service in one facility allows for better communications & safety of 1st responders & improves life, health & safety of citizenry, residents, students, property, environment & surrounding areas.

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	local emergency facility provides for quicker response times; protection of life, health & safety of citizenry, residents, students, visitors & surrounding community ability to	new facility addresses State directive of E911 back-up system, improved/quicker EMS, fire & police response times, monitoring of calls

	respond pre-emergency to ensure public safety. Ability to respond post-emergency to ensure public safety	
<input checked="" type="checkbox"/> Improve mental health	improved mental health knowing that EMS, fire & sheriff are nearby & able to respond quicker to emergencies & that there is a reliable E911 system that operates without failure.	meeting State directive of back-up E911 system; monitoring of calls; facility allows for EMS, fire & sheriff to be housed nearby providing for quick response times;
<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.)	consolidation of E911 system, EMS, fire & sheriff located in a secure facility allows for better communication, quicker response times, improves protection of the environment, public citizenry, property, etc.; life health & safety measures addressed	addresses State directive for back-up E911 system; improved, quicker emergency response times; monitoring of emergency calls; improved life, health & safety of citizenry, residents, students & property; lives saved, fewer injuries, reduced damages, decreased disruptions, shorter recovery time, etc.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	keeps Floridians working	employment maintained from project; reduction of property damage;
<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:	700,000	93.6%	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:	47,500	6.4%	Yes
5. Other:	0	0.0%	No

TOTAL	747,500	100%	
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20. Is this a multi-year project requiring funding from the state for more than one year?

No