



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Okeechobee County Fire Station

2. **Senate Sponsor:** Denise Grimsley

3. **Date of Submission:** 11/09/2017

4. **Project/Program Description:**

To design and construct a new satellite fire station with 2,775 SF living quarters; 3,675 SF apparatus bay, generator building, potable well & water treatment system, fire well & water system to serve & protect residents & visitors of Okeechobee County, which is a fiscally constrained & designated as a Rural Area of Opportunity.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?  
Department of Financial Services

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	2,240,000	2,240,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 2,240,000

9. **Previous Year Funding Details:**

- a. Has funding been provided in a previous state budget for this activity? No
- b. In the previous 5 fiscal years, how many years was funding provided? (Optional)
- c. What is the most recent fiscal year the project was funded?
- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- e. Complete the following Worksheet.



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>			

**10. Is future-year funding likely to be requested?**

No

**11. Program Performance:**

**a. What is the specific purpose or goal that will be achieved by the funds requested?**

To Protect property, life, health, safety and welfare of citizenry, businesses and surrounding areas. To design and construct a new satellite fire station with 2,775 SF living quarters; 3,675 SF apparatus bay, generator building, potable well & water treatment system, fire well & water system to serve & protect residents & visitors of Okeechobee County.

**b. What are the activities and services that will be provided to meet the intended purpose of these funds?**

To seek architectural/engineering design, permitting, bidding, construction project management and construction services to design and construct a new fire station to serve & protect the citizenry, residents, visitors, and business community of Okeechobee County.

**c. How will the funds be expended?**

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		



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<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Contractual architectural/engineering & construction services	2,240,000
TOTAL		2,240,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

Protect property, life, health, safety and welfare of citizenry, businesses and surrounding areas.

**e. Who is the target population served by this project? How many individuals are expected to be served?**

Citizenry, visitors, residents, businesses and surrounding areas -- 39,000+

**f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**

Protect property & public from harm, improve life, health, & safety. Response time will be significantly improved. Documentation of number of persons in category assisted by fire personnel; increase response time & job efficiency. Increase/improve economic activity. Employment maintained from project and 15 new jobs will be created.

**g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?**

Non payment of invoices

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

Okeechobee County is the owner and the entity.

**13. Requestor Contact Information:**

- a. **Name:** Robbie Chartier
- b. **Organization:** Okeechobee Board of County Commissioners
- c. **Email:** rchartier@co.okeechobee.fl.us
- d. **Phone Number:** (863)773-6441

**14. Recipient Contact Information:**

- a. **Organization:** Okeechobee Board of County Commissioners



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**b. County:** Okeechobee

**c. Organization Type:**

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Entity
- University or College
- Other (Please specify)

**d. Contact Name:** Robbie Chartier

**e. E-mail Address:** rchartier@co.okeechobee.fl.us

**f. Phone Number:** (863)773-6441

**15. If there is a registered lobbyist, fill out the lobbyist information below.**

**a. Name:** Connie Vanassche

**b. Firm:** CAS Governmental Services, LLC

**c. Email:** casgovser@gmail.com

**d. Phone Number:** (561)512-0089