



# The Florida Senate

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

1. **Title of Project:** Brevard County Emergency Operations Center Construction, Phase I

2. **Senate Sponsor:** Debbie Mayfield

3. **Date of Submission:** 11/16/2017

4. **Project/Program Description:**

A new EOC of sufficient size and technology would enable Brevard County to better provide emergency response, recovery, training and mitigation – all part of its responsibility under ch. 252, F.S. Due to hazards associated with space launches and the St. Lucie Nuclear Power Plant, critical public safety efforts are coordinated with multiple counties. The increased resiliency of a new EOC for Brevard County would benefit the millions of residents and visitors of all of Central Florida.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Executive Office of the Governor

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

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
	3,375,000	3,375,000

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

Type	Amount	Percent
Federal	833,000	18.2%
State (excluding the amount of this request)	0	0.0%
Local	60,000	1.3%
Other	300,000	6.6%
TOTAL	1,193,000	26.1 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 4,568,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 2

c. What is the most recent fiscal year the project was funded? 2017-18



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d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		1,500,000	1,500,000

### 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?

A new EOC of sufficient size and technology would enable Brevard County to better provide emergency response, recovery, training and mitigation – all part of its responsibility under ch. 252, F.S. Due to hazards associated with space launches and the St. Lucie Nuclear Power Plant, critical public safety efforts are coordinated with multiple counties. The increased resiliency of a new EOC for Brevard County would benefit the millions of residents and visitors of all of Central Florida.

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

All phases of emergency management (preparedness, response, recovery and mitigation) as well as healthcare facility plan reviews, exercises, training, and EOC activations, administration of the 800 MHZ radio system, and administration of the 911 system.

#### 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		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<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	Phase I of EOC construction site, work, slab, walls, doors, windows and roof	3,375,000
TOTAL		3,375,000

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

All of the above directly serve citizens and are described in chapters 252 and 365, F.S. The purpose is to deal with, reduce vulnerability to, and recover from emergencies; provide for the common defense and to protect the public peace, health, and safety; and to preserve lives and property.

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

Brevard, Volusia, Seminole, Lake, Orange, Osceola, Indian River, Martin, St. Lucie counties (all of FDEM Region 5 residents and visitors would benefit due to the hazards which Brevard County must be prepared to respond to and recover from).

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

All phases of emergency management (preparedness, response, recovery, and mitigation) as well as healthcare facility plan reviews, exercises, training, and EOC activations, administration of the 800 MHZ radio system, and administration of the 911 system.

**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?**

Performance measures should include percentage of construction completed; Phase 1 should be completed before funds are provided.

**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.**

Brevard County



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### 13. Requestor Contact Information:

- a. **Name:** Kimberly Prosser, EM Director
- b. **Organization:** Brevard County
- c. **Email:** Kimberly.Prosser@brevardfl.gov
- d. **Phone Number:** (321)403-6946

### 14. Recipient Contact Information:

- a. **Organization:** Brevard County
- b. **County:** Brevard
- 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:** Kimberly Prosser, EM Director
- e. **E-mail Address:** Kimberly.Prosser@brevardfl.gov
- f. **Phone Number:** (321)403-6946

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

- a. **Name:** Ronald Book
- b. **Firm:** Ronald L. Book, PA
- c. **Email:** ron@rlbookpa.com , ranarlbookpa.com
- d. **Phone Number:** (305)935-1866