



# The Florida Senate

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

1. **Title of Project:** Hernando County Fire Rescue Station #2 Renovation Project

2. **Senate Sponsor:** Wilton Simpson

3. **Date of Submission:** 12/11/2017

4. **Project/Program Description:**

Fire Station #2 was built in the late 1980's with the intention to house only two (2) firefighters who cross-staffed an engine and rescue. Now nearly 30 years later, five (5) five to six (6) firefighters are housed in this station daily, along with a 105' Aerial Apparatus, Fire Engine, Brush Truck, Urban Search and Rescue Truck and trailer, along with the primary rescue unit and a spare rescue unit. The station consists of only 1499 sf of living space and needs costly repairs. Funding for this project would include adding approximately 2000 sf to 2500 sf of living space (may require building 2nd story), making substantial upgrades to the equipment bays to include exhaust ventilation systems, along with gutting and renovating the entire station, including bathrooms, kitchen etc. This additional living area would be utilized for dorms, office space, training room and physical fitness area.

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
	1,200,000	1,200,000

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	300,000	20.0%
Other	0	0.0%
TOTAL	300,000	20.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,500,000

9. **Previous Year Funding Details:**



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- 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.

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.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

**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 renovate the fire stations to meet the functionality and service demands needed to house sufficient equipment and manpower to provide emergency medical and fire protection to the surrounding community.

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

By renovating the fire station to accommodate community growth, we will be able to better serve a growing community and aging population with room to sufficiently house resources, both manpower and equipment.

**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		



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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	Funding for this project would include adding approx. 2500 sf of living space (may require building 2nd story), making substantial upgrades to the equipment bays to include exhaust ventilation systems, along with renovating the entire station, including bathrooms, kitchen etc. This additional living area would be utilized for dorms, office space, training room and physical fitness area.	1,200,000
TOTAL		1,200,000

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

Direct services include enhanced emergency medical services and fire protection as a result of proper manpower, equipment, and space.

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

Entire population of Hernando County, >800

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

Improved results on agency agility tests; reduced use of sick time; reduced Workers' Compensation claims. Comparison of previous agility tests results; measure of prior years use of sick time and number of Workers' Compensation claims. Demonstrated/improved turnout and response times for calls for service. Comparison of prior departmental statistical activity reports.

**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?**



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Loss of additional funds.

**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.**

N/A

**13. Requestor Contact Information:**

- a. **Name:** Leonard Sossamon
- b. **Organization:** Hernando County Government
- c. **Email:** lsossamon@hernandocounty.us
- d. **Phone Number:** (352)540-6452

**14. Recipient Contact Information:**

- a. **Organization:** Hernando County Government
- b. **County:** Hernando
- 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:** Leonard Sossamon
- e. **E-mail Address:** lsossamon@hernandocounty.us
- f. **Phone Number:** (352)540-6452

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

- a. **Name:** Shawn Foster
- b. **Firm:** Sunrise Consulting
- c. **Email:** foster@scgroup.us
- d. **Phone Number:** (727)808-4131