

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1831

| 1. Project Title | Baker County C | ourthouse Generate | or | | | |
|------------------------------|--|--|--|---------------------|--|--|
| 2. Senate Sponsor | Jennifer Bradley | | | | | |
| 3. Date of Request | 01/27/2023 | | | | | |
| 4. Project/Program De | escription | | | | | |
| of power, all County | Offices, except Shotion of a generator | eriffs Office, cannot will allow resiliency | urrently, this building in function due to the C to all County offices o | ourthouse being the | generator. During loss e main IT hub for Baker ather, increasing our | |
| 5. State Agency to re- | ceive requested fu | nds State Co | urt System | | | |
| State Agency conta | acted? No | | | | | |
| 6. Amount of the Non | recurring Reguest | for Fiscal Year 20 | 23-2024 | | | |
| | Tecuring Request | Tor Fiscar Fear 20 | | | | |
| Type of Funding Operations | | | Amo | unt O | | |
| Fixed Capital Outlay | <i>I</i> | | | 250,000 | | |
| Total State Funds | | | 250,000 | | | |
| Type of Funding | Peguested (from gue | estion #6) | Amount 250,000 | Percentage | | |
| Total State Funds R | equested (from que | estion #6) | 250,000 | 100% | | |
| Matching Funds | | | 0 | 00/ | | |
| Federal State (excluding the | amount of this real | iost) | 0 | 0% 0% | | |
| Local | amount of this requ | Jest) | 0 | 0% | | |
| Other | | | 0 | 0% | | |
| Total Project Costs | s for Fiscal Year 20 | 023-2024 | 250,000 | 100% | | |
| 8. Has this project pro | eviously received | state funding? | No | | | |
| Fiscal Year | Amo | ount | Specific | Vetoed | | |
| (уууу-уу) | Recurring | Nonrecurring | Appropriation # | | | |
| | | | | | | |
| 9. Is future funding lil | kely to be requeste | ed? | No | | | |
| a. If yes, indicate n | onrecurring amou | nt per year. | | | | |
| b. Describe the so | urce of funding tha | at can be used in I | ieu of state funding. | | | |
| Local funding | | | | | | |
| | | | | | | |
| 10. Has the entity req | uesting this proje | ct received any fed | deral assistance rela | ted to the COVID- | 19 pandemic? | |
| Yes | | | | | | |

If yes, indicate the amount of funds received and what the funds were used for.



11. Status of Construction

a What is the current phase of the project?

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\$2.8 million- Countywide 911 Communications system update, including dispatch center and all new radio equipment, construction of a new fire station, roof replacement to the library, recreation improvements, other general government services.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

| a. What is the current phase of the project. | | |
|---|---|--|
| | | |
| b. Is the project "shovel ready" (i.e permitted)? | Yes | |
| c. What is the estimated start date of construction? | 05/2023 | |
| d. What is the estimated completion date of construction? | 12/2023 | |
| 12. List the owners of the facility to receive, directly or indirect relationship between the owners of the facility and the enti | tly, any fixed capital outlay funding. Include the ity. | |
| | | |

13. Details on how the requested state funds will be expended

Baker County Board of County Commissioners are owners of this facility

| Spending Category | Description | Amount |
|---|--|---------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | | 0 |
| Other Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs: Other | | |
| Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Fixed Capital Construction/Majo | r Renovation: | |
| Construction/Renovation/Land/ Planning Engineering | Installation of a generator, transfer switch and minimal re-wiring | 250,000 |
| Total State Funds Requested (must equal total from question #6) 250,000 | | |

14. Program Performance

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

To install a generator to the Baker County Courthouse. Currently, this building is not serviced by a generator. During loss of power, all County Offices, except Sheriffs Office, cannot function due to the Courthouse being the main IT hub for Baker County. The installation of a generator will allow resiliency to all County offices during inclement weather, increasing our efficiency to the citizens of Baker County.

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



15.

16.

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All online services are effected by power outages at the Courthouse. Anyone working from home or conducting business with the County through online systems would benefit from the reliability this would create to our IT infrastructure. Additionally, security measures are increasingly more and more reliant on IT systems. This would allow users of the courthouse a safer environment.

| courthouse a safer | environment. | | · | |
|------------------------------------|---|-----------------|---|---|
| c. What direct ser | vices will be provided to | citizens by t | the appropriation project? | ? |
| with the County thi | rough online systems woul ity measures are increasin | ld benefit from | n the reliability this would cr | g from home or conducting business eate to our IT infrastructure. This would allow users of the |
| d. Who is the targ | et population served by | this project? | How many individuals a | re expected to be served? |
| General Population | on. Thousands of users acc | cess online da | ata every single day. | |
| e. What is the exp be measured? | ected benefit or outcome | e of this proj | ect? What is the methodo | ology by which this outcome will |
| Loss of power occ | currences would be easily | tracked and/o | or eliminated with the install | ation of this system. |
| | •• | | g agency may consider in es provided for the contr | n addition to its standard penalties act? |
| liquidated damage | es | | | |
| Requester Contact | t Information | | | |
| a. First Name | Sara | Last Name | Little | |
| b. Organization | Baker County Administra | tion | | |
| c. E-mail Address | sara.little@bakercountyfl | .org | | |
| d. Phone Number | | Ext. | | |
| Recipient Contact | Information | | | |
| a. Organization | Baker County Administra | tion | | |
| b. Municipality and | d County Baker | | | |
| c. Organization Ty | ре | | | |
| □For Profit Entity | | | | |
| □Non Profit 501(c | c)(3) | | | |
| □Non Profit 501(d | c)(4) | | | |
| ☑Local Entity | | | | |
| □University or Co | llege | | | |
| □Other (please sp | pecify) | | | |
| d. First Name | Sara | Last Name | Littlw | |

e. E-mail Address | sara.little@bakercountyfl.org



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| f. Phone Number | | |
|------------------------|------------|--|
| I7. Lobbyist Contact I | nformation | |
| a. Name | | |
| b. Firm Name | | |
| c. E-mail Address | | |
| d. Phone Number | | |