

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

LFIR # 2653

| 1. Project Title  | Phase Two Cont<br>Center and Publi   | inuation of Ga<br>ic Safety Com  | adsden<br>iplex                                     | County Emergency   | Operations   |   |  |
|---|--|--|---|--|--|---|--|
| 2. Senate Sponsor   | Corey Simon  |  |   |  |  |   |  |
| 3. Date of Request  | 03/02/2023   |  |   |  |  |   |  |
| 4. Project/Program De   | escription   |  |   |  |  |   |  |
| Complex, which inclu The facility will provid response and recove partners for pre and Currently the Sheriff  | udes the Emergence much needed fur ery activities and se post event meeting so Office and EOC is bing and sewage is provide adequate s   | y Operations nctional space rvices, includi s and coordin s housed in a sues and the space to according to the space to th | Center e for co- ing acco ation ef 70+ yea roof lea | (EOC), Communica<br>location of county e<br>ommodating all coul<br>forts.<br>ar old building that cats<br>aks throughout inclu | tions Center and S<br>emergency and disa<br>nty agencies and po<br>does not meet hurri<br>ding the lobby, EO | aster preparedness,<br>ublic and private<br>cane building codes.<br>C and IT Server Room. |  |
| 5. State Agency to red  | ceive requested fu   | <b>nds</b> Div   | ision of  | Emergency Manag  | ement  |   |  |
| State Agency conta  | cted? Yes  |  |   |  |  |   |  |
| •   |  | for Figaal Va  | or 2022   | 2024   |  |   |  |
| 6. Amount of the Nonr   | ecurring Request   | ioi riscai re  | ai 2023   |  |  | 1   |  |
| Type of Funding   |  |  |   | Amount   |  |   |  |
| •   | Operations   |  |   | 15 000 000   |  |   |  |
| Fixed Capital Outlay  Total State Funds Paguaged  |  |  |   | 15,000,000   |  |   |  |
| Total State Funds F   | Paguastad  |  |   |  | 15 000 000   |   |  |
| <b>Total State Funds F</b>  | Requested  |  |   |  | 15,000,000   |   |  |
|   | •  | 3-2024 (inclu  | ding m  | atching funds ava  |  | •   |  |
|   | •  | 3-2024 (inclu  | ding m  | atching funds ava  |  | •   |  |
| 7. Total Project Cost fo  | or Fiscal Year 202   | `  | ding m  |  | ilable for this proj   | ect)  |  |
| 7. Total Project Cost fo  | or Fiscal Year 202   | `  | ding m  | Amount   | ilable for this proj   | ect)  |  |
| 7. Total Project Cost for Type of Funding Total State Funds Re  | or Fiscal Year 202   | `  | ding m  | Amount 15,000,000  | Percentage 100%  | ect)  |  |
| 7. Total Project Cost for  Type of Funding  Total State Funds Re  Matching Funds  Federal  State (excluding the   | or Fiscal Year 2023<br>equested (from que  | stion #6)  | ding m  | Amount 15,000,000 0  | Percentage 100% 0%   | ect)  |  |
| 7. Total Project Cost for Type of Funding Total State Funds Remark Matching Funds Federal State (excluding the Local  | or Fiscal Year 2023<br>equested (from que  | stion #6)  | ding m  | Amount<br>15,000,000<br>0<br>0   | Percentage 100% 0% 0% 0%   | ect)  |  |
| 7. Total Project Cost for  Type of Funding  Total State Funds Re  Matching Funds  Federal  State (excluding the   | or Fiscal Year 2023<br>equested (from que  | stion #6)  | ding m  | Amount 15,000,000 0  | Percentage 100% 0%   | ect)  |  |
| 7. Total Project Cost for Type of Funding Total State Funds Remark Matching Funds Federal State (excluding the Local  | equested (from que   | estion #6)   | ding m  | Amount<br>15,000,000<br>0<br>0   | Percentage 100% 0% 0% 0%   | ect)  |  |
| 7. Total Project Cost for Type of Funding Total State Funds Remark Matching Funds Federal State (excluding the Local Other  | equested (from que<br>amount of this requ  | estion #6)   |   | Amount 15,000,000 0 0 0 0  | Percentage 100% 0% 0% 0% 0%  | ect)  |  |
| 7. Total Project Cost for Type of Funding Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pressure of the Project Costs  Fiscal Year                                  | equested (from que amount of this requested Year 20 are for Fiscal Year 20 eviously received s   | estion #6)  Destion #6)  Destion #6)  Destion #6)  | J?  | Amount  15,000,000  0 0 0 15,000,000  Yes  Specific  | Percentage 100% 0% 0% 0% 0%  | ect)  |  |
| 7. Total Project Cost for Type of Funding Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pressure (yyyy-yy)  | equested (from que amount of this requested (from sequested) for Fiscal Year 20 eviously received services   | estion #6)  23-2024  state funding  ount  Nonrecurr  | j?  | Amount 15,000,000  0 0 0 15,000,000  Yes  Specific Appropriation #   | Percentage 100% 0% 0% 0% 100%  | ect)  |  |
| 7. Total Project Cost for Type of Funding Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pressure of the Project Costs  Fiscal Year                                  | equested (from que amount of this requested Year 20 are for Fiscal Year 20 eviously received s   | estion #6)  23-2024  state funding  ount  Nonrecurr  | J?  | Amount  15,000,000  0 0 0 15,000,000  Yes  Specific  | Percentage 100% 0% 0% 0% 0% 100%   | ect)  |  |
| 7. Total Project Cost for Type of Funding Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pressure (yyyy-yy) 2022-23  | equested (from que amount of this requested (from que) amount of this requested  | estion #6)  23-2024  state funding  Nonrecurr  10,000  | ing<br>0,000  | Amount  15,000,000  0 0 0 15,000,000  Yes  Specific Appropriation #  | Percentage 100% 0% 0% 0% 100%  | ect)  |  |
| 7. Total Project Cost for Type of Funding Total State Funds Row Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project present (yyyy-yy) 2022-23  9. Is future funding like                           | equested (from que amount of this requested services for Fiscal Year 20 evicusly received services for Recurring 0   | ed?  | ing<br>0,000  | Amount 15,000,000  0 0 0 15,000,000  Yes  Specific Appropriation #   | Percentage 100% 0% 0% 0% 100%  | ect)  |  |
| 7. Total Project Cost for Type of Funding Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project present (yyyy-yy) 2022-23  9. Is future funding like a. If yes, indicate no | equested (from que amount of this requested serviously received services and services services are services and services services are services services and services servic | punt Nonrecurr 10,000 ed? nt per year.   | ing<br>0,000  | Amount  15,000,000  0 0 0 15,000,000  Yes  Specific Appropriation # 2645   | Percentage 100% 0% 0% 0% 100%  | ect)  |  |
| 7. Total Project Cost for Type of Funding Total State Funds Row Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project present (yyyy-yy) 2022-23  9. Is future funding like                           | equested (from que amount of this requested serviously received services and services services are services and services services are services services and services servic | punt Nonrecurr 10,000 ed? nt per year.   | ing<br>0,000  | Amount  15,000,000  0 0 0 15,000,000  Yes  Specific Appropriation # 2645   | Percentage 100% 0% 0% 0% 100%  | ect)  |  |



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

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

LFIR # 2653

0

0

0

0

15,000,000

15,000,000

| No   |                               |                     |                     |          |
|--|-------------------------------|---------------------|---------------------|----------|
| If yes, indicate the amount of fu                                      | unds received and what the fu | inds were used for. |                     |          |
|  |                               |                     |                     |          |
| Complete questions 11 a  | and 12 for Fixed Capit        | al Outlay Proje     | ects                |          |
| 11. Status of Construction   |                               |                     |                     |          |
| a. What is the current phase of  | the project?                  |                     |                     |          |
| ○Planning  | Construction                  |                     |                     |          |
| b. Is the project "shovel ready"                                       | (i.e permitted)?              | No                  |                     |          |
| c. What is the estimated start d                                       | ate of construction?          | 6/2024              |                     |          |
| d. What is the estimated comple  | etion date of construction?   | 8/2026              |                     |          |
| 12. List the owners of the facility to relationship between the owner. |                               |                     | outlay funding. Inc | lude the |
| Gadsden County BOCC is the   | owner and requesting entity.  |                     |                     |          |
| 13. Details on how the requested s                                     | state funds will be expended  |                     |                     |          |
| Spending Category  | Description                   |                     | Amount              |          |
| Administrative Costs:  |                               |                     |                     |          |
| Executive Director/Project Head Salary and Benefits                    |                               |                     |                     | 0        |
| Other Salary and Benefits  |                               |                     |                     | 0        |
| Expense/Equipment/Travel/Supplies/                                     |                               |                     |                     | 0        |

#### 14. Program Performance

Planning Engineering

Consultants/Contracted

Consultants/Contracted

**Operational Costs: Other** 

Construction/Renovation/Land/

Expense/Equipment/Travel/Supplies/

Fixed Capital Construction/Major Renovation:

Services/Study

Services/Study

Salary and Benefits

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

Total State Funds Requested (must equal total from question #6)

Operations Center and Public Safety Complex.

Continuation of construction of Gadsden County's Emergency



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

LFIR # 2653

Funds will be used for continuation of construction of Gadsden County's Emergency Operations Center and Public Safety Complex. The facility will provide the necessary functional space for co-location of county emergency and disaster preparedness, response, and recovery activities, and services, including accommodating all county agencies and public and private partners for pre and post event meetings and coordination efforts. Gadsden County is in desperate need of a new EOG and multi-purpose facility to co-locate emergency response and disaster services. Currently the Sheriff's Office and EOG are housed in a 70+ year old building that does not meet hurricane building codes. The facility is also too small to accommodate meetings with representatives and support staff of all agencies needed during an emergency.

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

The provision of disaster and emergency related activities and services that are normally associated with and provided by EOCs across the nation and those unique to Gadsden County. It will also provide a dedicated, unified EOC Command Center, E991 Office, 911 Communication Center and law enforcement for all disaster and emergency planning, response and recovery activities for Gadsden County. Emergency and disaster planning, recovery and response activities will be coordinated and implemented under one roof. This will ensure that all emergency and disaster related services, activities, communication and information needs are conducted in a cohesive and timely manner to all citizens, visitors, businesses and partners.

c. What direct services will be provided to citizens by the appropriation project?

All emergency and disaster planning, recovery, and response activities will be coordinated and implemented under one roof to include those of law enforcement, fire/EMS, and emergency management. This will ensure that emergency and disaster related services, activities, communication, and information needs are conducted in a cohesive and timely manner to citizens, visitors, businesses, and partners.

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

All demographic groups will benefit from this project. More than 45,000 individuals are expected to be served.

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

The construction of a new EOC and public safety complex provides a multi-purpose facility which consolidates staffing to provide the provision of necessary and essential emergency and disaster services and activities (i.e., planning, response and recovery) to Gadsden County residents, businesses, visitors and public and private partners. The County will continue to monitor the response time of calls for emergency services and develop other performance measures as appropriate to ensure the publics safety and successful coordination with other government agencies during emergency and disaster events.

f. 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 the contract?

Corrective action plan created, measured and implemented with a success timeline for the state to continue funding the project.

| 15. Requester C                   | Contact Informati | on                              |           |       |  |  |
|-----------------------------------|-------------------|---------------------------------|-----------|-------|--|--|
| a. First Nam                      | <b>e</b> Morris   |                                 | Last Name | Young |  |  |
| b. Organizat                      | cion Gadsden      | Gadsden County Sheriff's Office |           |       |  |  |
| c. E-mail Ad                      | dress mayoung     | @tds.net                        |           |       |  |  |
| d. Phone Nu                       | ımber (850)875-   | -8880                           | Ext.      |       |  |  |
| 16. Recipient Contact Information |                   |                                 |           |       |  |  |
| a. Organizat                      | ion Gadsden       | Gadsden County BOCC             |           |       |  |  |
| b. Municipal                      | lity and County   | Gadsden                         |           |       |  |  |



17.

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

LFIR # 2653

| □For Profit Entity           |                                |           |       |  |  |  |
|------------------------------|--------------------------------|-----------|-------|--|--|--|
| □Non Profit 501(c)(3)        |                                |           |       |  |  |  |
| □Non Profit 501(c            | □Non Profit 501(c)(4)          |           |       |  |  |  |
| ☑Local Entity                | ☑Local Entity                  |           |       |  |  |  |
| □University or College       |                                |           |       |  |  |  |
| □Other (please specify)      |                                |           |       |  |  |  |
| d. First Name                | Edward                         | Last Name | Dixon |  |  |  |
| e. E-mail Address            | edixon@gadsdencountyfl         | .gov      |       |  |  |  |
| f. Phone Number              | (850)875-5601                  |           |       |  |  |  |
| Lobbyist Contact Information |                                |           |       |  |  |  |
| a. Name                      | Stephen R. Winn                |           |       |  |  |  |
| b. Firm Name                 | Stephen R. Winn and Associates |           |       |  |  |  |
| c. E-mail Address            | srw31445@gmail.com             |           |       |  |  |  |
| d. Phone Number              | (850)878-3056                  |           |       |  |  |  |