

LFIR # 2931

| 1. Project Title | Holmes County EMS Fac | cility Expansion | |
|---|-----------------------|------------------------------------|--|
| 2. Senate Sponsor | Jay Trumbull | | |
| 3. Date of Request | 03/06/2023 | | |
| 4. Project/Program De | escription | | |
| A new EMS public facility to expand EMS services. | | | |
| 5. State Agency to rec | eive requested funds | Department of Economic Opportunity | |

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

| Type of Funding | Amount |
|-----------------------------|-----------|
| Operations | 0 |
| Fixed Capital Outlay | 1,000,000 |
| Total State Funds Requested | 1,000,000 |

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

| Type of Funding | Amount | Percentage |
|--|-----------|------------|
| Total State Funds Requested (from question #6) | 1,000,000 | 100% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 0 | 0% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2023-2024 | 1,000,000 | 100% |

8. Has this project previously received state funding? Yes

| Fiscal Year | Amo | Amount | | Vetoed | |
|-------------|-----------|--------------|-----------------|--------|--|
| (уууу-уу) | Recurring | Nonrecurring | Appropriation # | | |
| 2022-23 | 0 | 4,000,000 | 2286A | No | |

9. Is future funding likely to be requested?

No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

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

No

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



Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

| OPlanning | ODesign | Construction |
|-----------|---------|--------------|
| | | |

| b. Is the project "shovel ready" (i.e permitted)? | |
|---|--|
|---|--|

c. What is the estimated start date of construction?

| d. What is the estimated completion date of construction? | d. | What is | the estimated | completion | date of | construction? |
|---|----|---------|---------------|------------|---------|---------------|
|---|----|---------|---------------|------------|---------|---------------|

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

No

2023 2024

Holmes County

13. Details on how the requested 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/ 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 | Complete construction of a new EMS public safety facility and additional services throughout the county. | 1,000,000 |
| Total State Funds Requested (m | ust equal total from question #6) | 1,000,000 |

14. Program Performance

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

During the 2022 Legislative Session, funding was provided for a portion of a new EMS public safety facility along with a sheriff's office and new agriculture center. Additional funds are needed to complete this project and ensure expansion of EMS services throughout the county.

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



A new EMS facility with several bays, living quarters, administrative office space, records management space for countywide EMS services along with training space.

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

Increased access to improved emergency services will be available to all citizens.

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

General public; >800

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

improve physical health; The new facility will allow for a wider arrange of services to be provided. protect the general public from harm; Provide additional emergency medical services to the public.

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?

The County will award the contract through a bid process and the bid documents will spell out liquidated damages for project overruns.

15. Requester Contact Information

| a. First Name | Earl | Last Name | Stafford |
|-------------------------------|--------------------------|------------|----------|
| b. Organization | Holmes County Board of C | County Com | mission |
| c. E-mail Address | earlstafford52@gmail.com | | |
| d. Phone Number | (850)487-5002 | Ext. | |
| Recipient Contact Information | | | |

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| a. Organization | Holmes County Board of County Commission | |
|-----------------|--|--|
| | | |

b. Municipality and County Holmes

c. Organization Type

□For Profit Entity

□Non Profit 501(c)(3)

 \Box Non Profit 501(c)(4)

☑Local Entity

□University or College

□Other (please specify)

| d. First Name | Earl | Last Name | Stafford |
|-------------------|---|-----------|----------|
| e. E-mail Address | Holmes County Board of County Commissioners | | |
| f. Phone Number | (850)487-5002 | | |



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17. Lobbyist Contact Information

| a. Name | Timothy L. Parson |
|-------------------|-------------------------------------|
| b. Firm Name | Liberty Partners of Tallahassee LLC |
| c. E-mail Address | tim@libertypartnersfl.com |
| d. Phone Number | (850)910-2678 |