

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

LFIR # 3158

1. Project Title	City of Springfiel	d Police Departr	nent				
2. Senate Sponsor	Jay Trumbull						
3. Date of Request	03/13/2023						
4. Project/Program D	escription						
destroyed all the Ci Michael, forcing rela to operate out of a p be even more serio that event, the Police	ty's buildings. The Pocation of all operation of all operation or all operation or an adversely affectusers.	olice Departmer ons to temporary cility to properly s ted should the C d actually be force	ity be impacted by a futu ed to evacuate all perso	d street) was destrool Ave. It is vital for ithout a proper facilure serious weather	oyed by Hurricane r the Police Department ity, police operations will r event. In advance of		
5. State Agency to re	ceive requested fu	<b>nds</b> Depai	tment of Law Enforcement	ent			
State Agency cont	acted? Yes						
6. Amount of the Non	recurring Request	for Fiscal Year	2023-2024				
Type of Funding			Amo	ount	]		
Operations				0			
Fixed Capital Outla	У			4,000,000			
<b>Total State Funds</b>	Requested		4,000,000				
7. Total Project Cost	for Fiscal Year 202	3-2024 (includir	ng matching funds ava	ilable for this proj	ect)		
•					•		
Type of Funding			Amount	Percentage	]		
Type of Funding Total State Funds F	Requested (from que	estion #6)					
Type of Funding Total State Funds F Matching Funds	Requested (from que	estion #6)	Amount	Percentage 100%			
Type of Funding Total State Funds F Matching Funds Federal			Amount 4,000,000	Percentage 100%			
Type of Funding Total State Funds F Matching Funds Federal State (excluding the	Requested (from que		Amount 4,000,000	Percentage 100% 0% 0%			
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Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other		uest)	Amount 4,000,000 0 0 0	Percentage 100% 0% 0% 0%			
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other	e amount of this requ s for Fiscal Year 20	uest)	Amount 4,000,000  0 0 0 0	Percentage 100% 0% 0% 0% 0%			
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost  8. Has this project pr	s for Fiscal Year 20 reviously received s	uest) 023-2024 state funding?	Amount 4,000,000  0 0 0 4,000,000  No Specific	Percentage 100% 0% 0% 0% 0%			
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost  8. Has this project pr	e amount of this requests for Fiscal Year 20 reviously received	uest) 023-2024 state funding?	Amount 4,000,000  0 0 0 4,000,000  No Specific	Percentage 100% 0% 0% 0% 0% 100%			
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost  8. Has this project pr Fiscal Year (yyyy-yy)  9. Is future funding li	s for Fiscal Year 20 reviously received s  Recurring	uest)  023-2024  state funding?  ount  Nonrecurring	Amount 4,000,000  0 0 0 4,000,000  No Specific	Percentage 100% 0% 0% 0% 0% 100%			
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost  8. Has this project pr Fiscal Year (yyyy-yy)  9. Is future funding lift a. If yes, indicate r	e amount of this requested services are amount of this requested services are amount of this requested services are amount of this requested are also as a second of this requeste	pest)  223-2024  state funding?  ount  Nonrecurring  ed?  nt per year.	Amount	Percentage			
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost  8. Has this project pr Fiscal Year (yyyy-yy)  9. Is future funding lia. If yes, indicate r	e amount of this requested services are amount of this requested services are amount of this requested services are amount of this requested are also as a second of this requeste	pest)  223-2024  state funding?  ount  Nonrecurring  ed?  nt per year.	Amount 4,000,000  0 0 0 4,000,000  No Specific Appropriation #	Percentage			
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost  8. Has this project pr Fiscal Year (yyyy-yy)  9. Is future funding lift a. If yes, indicate r	e amount of this requested services are amount of this requested services are amount of this requested services are amount of this requested are also as a second of this requeste	pest)  223-2024  state funding?  ount  Nonrecurring  ed?  nt per year.	Amount	Percentage			

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

To date, the City has received \$2,147,911.00 is ARPA Funds. These funds have been used for loss of revenue due to the Covid-19 pandemic.

### Complete questions 11 and 12 for Fixed Capital Outlay Projects

- 11. Status of Construction
  - a. What is the current phase of the project?
  - 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?

ľ	es			

December 31, 2024

July 1, 2023

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.

The City of Springfield and its citizens will be the sole owner and beneficiary of this facility.

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

Spending Category	Description	Amount	
Administrative Costs:			
Executive Director/Project Head Salary and Benefits	(Not Applicable)	0	
Other Salary and Benefits	(Not Applicable)	0	
Expense/Equipment/Travel/Supplies/ Other	(Not Applicable)	0	
Consultants/Contracted Services/Study	Project management including financial and compliance monitoring.	200,000	
Operational Costs: Other			
Salary and Benefits	(Not Applicable)	0	
Expense/Equipment/Travel/Supplies/ Other	(Not Applicable)	0	
Consultants/Contracted Services/Study	(Not Applicable)	0	
Fixed Capital Construction/Major Renovation:			
Construction/Renovation/Land/ Planning Engineering	Construction of Facility	3,800,000	
Total State Funds Requested (must equal total from question #6) 4,000,000			

#### 14. Program Performance

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



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The goal of this project is to build a permanent structure for the Springfield Police Department, allowing the implementation of a professional, hardened administrative and operational headquarters. The City's Police department is currently in a portable temporary structure and would have to be evacuated in the event of a serious weather event, leaving residents and businesses without critical public safety services. A proper facility will enable professional police services to be provided twenty-four hours per day, every day. Public safety is an essential service of local government and a critical need for all citizens.

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

The City will build a compliant, professional, and community-oriented Police Department to provide crime prevention, emergency response, investigative services, as well as public safety for all citizens, businesses and visitors to the City.

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

Services include but are not limited to crime prevention programs; response to calls for emergency public safety services to protect life and property; public safety training for residents and business owners. Professional policing from this facility would contribute to optimum policing; reduced recidivism for adult and juvenile offenders; reduced number of arrests; and an organized focus on drug crimes and substance abuse. This facility will enable the Department to more fully implement community policing; enhance police presence and achieve more active community involvement in public safety efforts.

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

This facility will serve the entire population of Springfield, approximately 8,000 residents and all businesses, churches and other organizations. The facility and Police Department will also support surrounding communities in mutual aid efforts, multi-jurisdictional task forces, and other public safety efforts.

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

A viable and reliable Police Department operating out of professional facility will provide residents a greater sense of security and provide business, churches, and other entities more confidence in operating in the City (encouraging growth and expansion). The City will measure these outcomes by capturing the number of calls for service; response times to calls for service; number of arrests (adults and juveniles); overall crime rate changes (as reported to FDLE); retention rates for officers and support staff; and overall satisfaction of residents and businesses through survey tools. Economic growth and resiliency will also be measured by number of jobs, new businesses, and number of new residents.

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?

In addition to standard penalties for failing to meet deliverables or performance measures provided for in the contract, liquidated damages could be imposed if the contractor does not perform in a timely manner.

5. Requester Contact	t Information		
a. First Name	Ralph	Last Name	Hammond
b. Organization	City of Springfield		
c. E-mail Address	rhammond@springfield.fl.	gov	
d. Phone Number	(850)872-7570	Ext.	108
6. Recipient Contact	Information		
a. Organization	City of Springfield		
b. Municipality and	d County Bay		
c. Organization Ty	pe		
□For Profit Entity			



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

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□Non Profit 501(c	:)(3)			
□Non Profit 501(c	2)(4)			
☑Local Entity				
□University or Co	llege			
□Other (please sp	pecify)			
d. First Name	Beth	Last Name	Strobel	
e. E-mail Address	bstrobel@springfield.fl.go	V		
f. Phone Number	(850)872-7570			
17. Lobbyist Contact I	nformation			
a. Name	None			
b. Firm Name	None			
c. E-mail Address				
d. Phone Number				