



# The Florida Senate

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

1. **Title of Project:** Seminole County Computer Aided Dispatch

2. **Senate Sponsor:** David Simmons

3. **Date of Submission:** 01/22/2018

4. **Project/Program Description:**

Completion of New Computer Aided Dispatch System

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 Management 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
1,000,000		1,000,000

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	1,500,000	60.0%
Other	0	0.0%
TOTAL	1,500,000	60.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 2,500,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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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:		1,000,000	1,000,000

### 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?

Design of new Computer Aided Dispatch System

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

Emergency Response

#### 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		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Hardware	1,000,000
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000

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

Emergency Services

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

Residents of Seminole County

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

Ultimate benefit is to save lives and property by reduced response times

**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?**

No other suggestions.

**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.**

Same

**13. Requestor Contact Information:**

- a. **Name:** John Horan
- b. **Organization:** Seminole County Board of County Commissioners
- c. **Email:** jhoran@seminolecountyfl.gov
- d. **Phone Number:** (407)665-7204

**14. Recipient Contact Information:**

- a. **Organization:** Seminole County Board of County Commissioners
- b. **County:** Seminole
- 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:** John Horan



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e. E-mail Address: [jhoran@seminolecountyfl.gov](mailto:jhoran@seminolecountyfl.gov)

f. Phone Number: (407)665-7204

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

a. Name: Alex Setzer

b. Firm: Florida Alliance Consulting

c. Email: [setzer@flallianceconsulting.com](mailto:setzer@flallianceconsulting.com)

d. Phone Number: (407)709-2324