



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2232

1. **Title of Project:** Fort Coombs Armory Sprinkler System

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 02/22/2019

4. **Project/Program Description:**

Installation of an automatic fire sprinkler system inside Fort Coombs Armory, a state-owned building, so the building will be compliant with fire safety codes.

5. **State Agency to receive requested funds :** Department of Financial Services

State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	
Fixed Capital Outlay	160,000
Total State Funds Requested	160,000

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	160,000	44.4%
Federal	0	0.0%
State (excluding the amount of this request)	100,000	27.8%
Local	100,000	27.8%
Other	0	0.0%
Total Project Costs for Fiscal Year 2019-2020	360,000	100.0%

8. **Has this project previously received state funding?** Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19		100,000	2367A	No

9. **Is future-year funding likely to be requested?** No

10. **Details on how the requested state funds will be expended**

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		



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Consultants/Contracted Services/Study	Architectural	30,000
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning	Fire sprinkler system	130,000
Engineering		
Total State Funds Requested (must equal total from question #6)		160,000

11. Program Performance:

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

The Fort Coombs Armory will be compliant with fire safety codes.

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

Design and construct a fire sprinkler system in the Fort Coombs Armory.

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

A new fire sprinkler system installed in the Fort Coombs Armory will provide a safe location for events to take place.

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

6,000

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

To bring the Fort Coombs Armory fire safety codes up to date. The Fire Marshal will approve the installation of the fire sprinkler system.

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 in the contract?

Franklin County will retain 10% of the contractor's payment until the Fire Marshal approves the new sprinkler system.

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.

Franklin County leases the Armory from the State of Florida.

13. Requestor Contact Information:

a. Name: Michael Moron

b. Organization: Franklin County Board of County Commissioners

c. E-mail Address: michael@franklincountyflorida.com

d. Phone Number: (850)653-9783 Ext. 155



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14. Recipient Contact Information:

- a. **Organization:** Franklin County Board of County Commissioners
- b. **County:** Franklin
- 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:** Michael Moron
- e. **E-mail Address:** michael@franklincountyflorida.com
- f. **Phone Number:** (850)653-9783 Ext. 155

15. Lobbyist Contact Information

- a. **Name:** None
- b. **Firm Name:** None
- c. **E-mail Address:**
- d. **Phone Number:**