



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1455

1. **Project Title** Liberty County Sheriff's Office Mobile Emergency Operations Center Upgrades

2. **Senate Sponsor** Bill Montford

3. **Date of Request** 09/26/2019

4. **Project/Program Description**

The Liberty County Sheriff's Office (LCSO) is requesting a non-recurring appropriation in the amount of \$100,000.00 for the purchase, installation, and programming of communications equipment within the LCSO Mobile Emergency Operations Center (MEOC). The LCSO MEOC is a 2004 Freightliner vehicle which was designed to serve as a mobile emergency operations center in response to major incidents or natural or man-made disasters. The last significant technological upgrades to the MEOC occurred in 2012. It is our goal that this vehicle become a functional asset to assist agencies throughout our state whenever they are in need. To practically do this, significant improvements are needed to the communications equipment. The objective of this project will be to outfit the MEOC with the necessary equipment to reasonably ensure interoperability with existing law enforcement and public safety radio systems throughout the state.

5. **State Agency to receive requested funds** Department of Law Enforcement

State Agency contacted? ☐ Yes ☒ No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	000
Fixed Capital Outlay	100,000
<b>Total State Funds Requested</b>	<b>100,000</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	100000	100.0 %
<b>Matching Funds</b>		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>100,000</b>	<b>100 %</b>

8. **Has this project previously received state funding?** ☐ Yes ☒ No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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

If yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs: Other</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Purchase, installation, and programming of communications equipment within the LCSO MEOC.	100,000
<b>Total State Funds Requested (must equal total from question #6)</b>		100,000



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#### 11. Program Performance

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

Purchase, installation, and programming of communications equipment with in LCSO MEOC vehicle to ensure interoperability with existing federal, state, and local law enforcement and public safety communications systems throughout the State of Florida. This will allow the LCSO MEOC vehicle to become a functional aid to communities across Florida in response to a major event or disaster.

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

If funds are appropriated the LCSO will contract for the purchase, installation, and programming of communications equipment within the LCSO MEOC vehicle to ensure reasonable interoperability with existing law enforcement and public safety communications systems throughout the state to ensure the LCSO MEOC vehicle is a functional response asset. Completion of purchase, installation, and programming of equipment will be considered meeting the purpose of this funding.

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

The LCSO MEOC will become a functional response asset to support law enforcement and/or public safety missions across the State of Florida in response to a major incident or disaster. Therefore, all Floridians are beneficiaries of this project.

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

The target population to be served by this project includes the citizens, visitors and businesses operating in or traveling through Liberty County and the entire State of Florida. The LCSO MEOC will be made available for deployment at the request of local authorities across Florida.

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

The expected benefit of this project will be reasonably ensuring the interoperability of the LCSO MEOC vehicle with federal, state, and local law enforcement and public safety agencies across Florida. Success will be measured after the completion of this project upon the deployment of the LCSO MEOC vehicle in support of another agency.

- 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?

Forfeiture of remaining funds from this appropriation. Repayment of funds already expended associated with this appropriation.



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12. **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 Liberty County Sheriff's Office is the owner of this vehicle and the requester of this appropriation.

13. **Requestor Contact Information**

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For-profit Entity
  - ☐ Non-Profit 501(c) (3)
  - ☐ Non-Profit 501(c) (4)
  - ☒ Local Entity
  - ☐ University or College
  - ☐ Other (please specify)
- d. First Name  Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.