



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1796

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

We are a 3rd party user of the SLERS system. Our current radio system, to include dispatch console radios, portable radios, and mobile radios are not P-25 compliant. Therefore with the new unfunded mandate, to be P-25 compliant, all our radios must be replaced. The estimated cost to replace the radio system is \$600,000.00. Taylor County is a fiscally constrained county and the cost to become compliant and be able to utilize the SLERS would be catastrophic for the county.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	600,000
Total State Funds Requested	600,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	600,000	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 2022-2023	600,000	100%

8. Has this project previously received state funding?

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

9. Is future funding likely to be requested?

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?



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Fiscal Year 2022-2023

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

Sheriff's Office received \$40,000.00 (grant) from BJA for PPE equipment and laptops for each deputy.

11. 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/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Bring the our current SLERS radio system (portable, mobile and dispatch consoles radios) to be in complaiance of the new unfunded mandate.	600,000
Total State Funds Requested (must equal total from question #6)		600,000

12. Program Performance

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

Upgraded emergency radio communications equipment, that are P-25 compliant, as required.

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

New upgraded disptach consoles, portable radios and mobile radios that are P-25 complaint as required.

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

Being P-25 compliant, as the new unfunded mandiate requires, will allow us to have emergency radio communications on the SLERS system.

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

All citizens within the county.

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

Have and maintain emergency radio communications on the SLERS 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 the contract?

Withhold funds and restrict other funding projects.



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LFIR # 1796

13. 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.

Taylor County Sheriff's Office - Local law enforcement agency



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number