



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2098

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Replacement of Control Panels for aging Fire Alarm Systems in multiple buildings. F.A. Systems have exceeded their useful life expectancy. Panels no longer supported by manufacturer; replacement parts are no longer manufactured and refurbished control boards are not readily available. This is a deferred maintenance issue with potential life safety implications. Planned work within the scope of this proposed project includes FA Panel replacement at the following campus buildings:  
54, 18, 13, 32, 36, 19, 38, 20E, 20W, 41, 50, 51, 89, 58A, 70, 71, 72, 77, 78, 88, 81.  
(UWF has already replaced, or is in the process of replacing, failed FA Panels in buildings 22, 58, 74, 43, 49, 83. This replacement work has been undertaken utilizing redirected institutional funds, totaling some \$300,000). UWF has Facility Condition Assessment Reports that document the age/conditions of the existing systems.

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	1,050,000
<b>Total State Funds Requested</b>	<b>1,050,000</b>

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)	1,050,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>1,050,000</b>	<b>100%</b>

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.



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2098

**10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**

No

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

CARES Act funding.

**11. 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Construction Costs for Fire Alarm System Control Panels Replacement	1,050,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,050,000</b>

**12. Program Performance**

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

Replacement of aging Fire Alarm Systems Control Panels. Systems have exceeded their useful life expectancy, and replacement parts are not readily available. This is a deferred maintenance issue with potential life safety implications. Replacement work will: Reduce risk of building failure; Extend the life of the building; and Provide a safe environment for students, faculty and staff.

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

Replacement of Fire Alarm System Control Panels within existing buildings.

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

Building Improvement. Replacement of aging Fire Alarm Systems Control Panels will contribute directly to enhanced life safety protection of building occupants.

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

University Students, Faculty and Staff  
13,000+ students.

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2098

Improved Life Safety Conditions for University Students, Faculty and Staff; and Return on, and protection of, initial capital Investment in buildings. Replacement of Fire Alarm System Control Panels will provide for enhanced life safety conditions to protect most importantly the building occupants, and also the prior investments in these state buildings and extend their life.

**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?**

Standard Contract(s) will provide for liquidated damages should the contracted vendor(s) not achieve substantial completion of the work within allotted time (not as a penalty, but rather representing damages incurred). Contract(s) will also include payment and performance bond requirements as may be required. Contract(s) will include warranty and extended warranty provisions. Failure to meet deliverables will result in a return of funds to administering agency.

**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.**

The recipient entity is the University of West Florida. The facilities are state owned buildings.



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2098

#### 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