

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1118

| 1. Project Title | Seminole County Sheriff's Office Mobile Incident Command Vehicle | | | | | |
|--|--|---|--|---|--------------------------------------|--|
| 2. Senate Sponsor | Dennis Baxley | | | | | |
| 3. Date of Request | 01/27/2023 | | | | | |
| 4. Project/Program De | escription | | | | | |
| Enforcement, Health Regional large scale | n Department, Fire I e events such as lar as a mobile operatio | Rescue, and Emer ge brush fires, sto | nand for emergency sup gency Management fo rm recovery, active ass g work space, commun | r Seminole County a sailant, and other ma | and in support of an made or natural | |
| 5. State Agency to rec | ceive requested fu | nds Departr | ment of Law Enforceme | ent | | |
| State Agency conta | • | | | | | |
| 6. Amount of the Nonr | ecurring Request | for Fiscal Year 2 | 023-2024 | | | |
| Type of Funding | | | Amo | | | |
| Operations | | | | 500,000 | | |
| Fixed Capital Outlay | , | | | 0 | | |
| Total State Funds F | Requested | | | 500,000 | | |
| 7. Total Project Cost fo | or Fiscal Year 202 | 3-2024 (including | | | ect) | |
| Type of Funding | | | Amount | Percentage | | |
| Total State Funds R | equested (from que | estion #6) | 500,000 | 71% | | |
| Matching Funds | | | | 224 | | |
| Federal | | | 0 | 0% | | |
| State (excluding the | amount of this requ | iest) | 200,000 | 0% | | |
| | Local | | | 29% | | |
| | Other | | | 0% | | |
| Total Project Costs | for Fiscal Year 20 |)23-2024 | 700,000 | 100% | | |
| 8. Has this project pre | eviously received | state funding? | No | | | |
| Fiscal Year | Amo | ount | Specific | Vetoed | | |
| (уууу-уу) | Recurring | Nonrecurring | Appropriation # | | | |
| | | | | | | |
| 9. Is future funding lik | cely to be requeste | ed? | No | | | |
| a. If yes, indicate n | onrecurring amou | nt per year. | | | | |
| h Describe the sou | irce of funding the | nt can be used in | lieu of state funding. | | | |
| 3. 2000. IDO tilo 300 | or randing the | 20 4004 111 | a or otato ranianig. | | | |
| | | | | | | |
| 10. Has the entity requ | uesting this projec | ct received any fe | ederal assistance rela | ted to the COVID-1 | 9 pandemic? | |
| Yes | | | | | | |



11. Status of Construction

a. What is the current phase of the project?

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0

500.000

500,000

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

The Seminole County Sheriff's Office (SCSO) incurred expenditures totaling \$4,088,399 to support costs incurred as a result of the pandemic response. These costs were funded by the Seminole County Board of County Commissioners (SCBCC) from CARES Act.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

| OPlanning ODesign | Construction | | | |
|---|---|---|---------------|--|
| b. Is the project "shovel rea | ady" (i.e permitted)? | | | |
| c. What is the estimated sta | art date of construction? | | | |
| d. What is the estimated co | empletion date of constructi | on? | | |
| | ility to receive, directly or in owners of the facility and th | ndirectly, any fixed capital outlay funding ne entity. | . Include the | |
| 13. Details on how the reques | ted state funds will be expe | nded | | |
| Spending Category | | Description | | |
| Administrative Costs: | | | | |
| Executive Director/Project Head Salary and Benefits | | | | |
| Other Salary and Benefits | | | | |
| Expense/Equipment/Travel/Sup | nlies/ | | | |

14. Program Performance

Planning Engineering

Consultants/Contracted

Consultants/Contracted Services/Study

Operational Costs: Other

Construction/Renovation/Land/

Expense/Equipment/Travel/Supplies/

Fixed Capital Construction/Major Renovation:

Services/Study

Salary and Benefits

Other

Other

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

Total State Funds Requested (must equal total from question #6)

The current Mobile Command Vehicle is over 20 years old and has exceeded its use expectancy. A new Mobile Command Incident Vehicle will allow use for many incidents in Seminole County and our perimeter counties like Orange, Volusia, Lake and Brevard Counties.

Purchase mobile command equipment and/or vehicles

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



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Seminole County is the agency for Emergency Response that also includes the seven municipalities. Investigation efforts of major crimes, response to large scale man-made and/or nature made threats.

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

This will benefit every citizen of Seminole County, the businesses that reside in Seminole County, and the thousands that visit our county each year. Additionally, this provides a direct benefit to the seven municipalities which include Sanford, Lake Mary, Winter Springs, Casselberry, Altamonte Springs, Longwood and Oviedo.

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

The entire population of Seminole County including visitors and tourist. Current population of Seminole County is around 470,000 residents.

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

Used to command large scale situations that require unified response efforts that could not otherwise be provided without a mobile command center. Direct use of vehicle should assist in better outcomes to the specific response effort for the public effected.

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?

Failure to complete the purchase will result in return of any prepaid funds or reduction of requested payments.

| 15. Requester Contact | t Informati | ion | | | |
|--|----------------------------------|------------------|-----------|---------|--|
| a. First Name | Sheriff Dennis | | Last Name | Lemma | |
| b. Organization | Seminole County Sheriff's Office | | | | |
| c. E-mail Address | dlemma@seminolesheriff.org | | | | |
| d. Phone Number | (407)665-6635 | | Ext. | | |
| 16. Recipient Contact Information | | | | | |
| a. Organization | Seminole | County Sheriff's | Office | | |
| b. Municipality and | d County | Seminole | | | |
| c. Organization Type | | | | | |
| □For Profit Entity | | | | | |
| □Non Profit 501(c)(3) | | | | | |
| □Non Profit 501(c | c)(4) | | | | |
| ☑Local Entity | | | | | |
| □University or Co | llege | | | | |
| □Other (please sp | pecify) | | | | |
| d. First Name | Chief Lisa | a | Last Name | Spriggs | |
| e. E-mail Address Ispriggs@seminolesheriff.org | | | | | |



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| f. Phone Number | (407)665-6617 | | | | |
|----------------------------------|---------------|--|--|--|--|
| 17. Lobbyist Contact Information | | | | | |
| a. Name | None | | | | |
| b. Firm Name | None | | | | |
| c. E-mail Address | | | | | |
| d. Phone Number | | | | | |