

LFIR # 2285

1. Project Title	Liberty County First Responders Two-Way Radio Purchase for SLERS					
2. Senate Sponsor	Corey Simon					
3. Date of Request	02/28/2023					
4. Project/Program De	escription					
first responder agend compliant to the star	conders to function on one radio sycies, local/state/federal. By updatined and ards required for the SLERS 2 syctwork with Liberty County Sheriff's	ng the	eir current radios and n upgrade. This will a	dispatch equipments allow Liberty Co	nt, Liberty County will be bunty Fire and EMS to	
5. State Agency to rec	ceive requested funds Department	artme	nt of Management S	ervices		
State Agency conta	cted? No					
6. Amount of the Nonr	ecurring Request for Fiscal Year	r 202	3-2024			
Type of Funding			Amo	unt		
Operations				800,000		
Fixed Capital Outlay	Fixed Capital Outlay			0		
Total State Funds Requested			800,000			
7. Total Project Cost fo	or Fiscal Year 2023-2024 (includi	ing n	natching funds avai	lable for this proje	ect)	
Type of Funding			Amount	Percentage		
Total State Funds Requested (from question #6)			800,000	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 2023-2024		800,000	100%		
8. Has this project pre	eviously received state funding?	• [No			
Fiscal Year	Amount		Specific	Vetoed		
(yyyy-yy)	Recurring Nonrecurrin	ng	Appropriation #			
9. Is future funding lik	tely to be requested?		No			
a If yes indicate n	onrecurring amount per year.	Ī	<u> </u>			
•						
b. Describe the sou	rce of funding that can be used	in lie	eu of state funding.			
10. Has the entity required	uesting this project received any	/ fede	eral assistance rela	ted to the COVID-1	19 pandemic?	



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

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1. Status of Construction			
a. What is the current phase of the project?			
b. Is the project "shovel ready" (i.e permitted)?	Yes		
c. What is the estimated start date of construction?			
d. What is the estimated completion date of construction	n?		
2. List the owners of the facility to receive, directly or increlationship between the owners of the facility and the		capital outlay fund	ling. Include the

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

Services/Study

Operational Costs: Other

Salary and Benefits

Expense/Equipment/Travel/Supplies/ Other

Radios, technical equipment and console for the communication center. This is statewide initiative.

| Services/Study | Fixed Capital Construction/Major Renovation:
| Construction/Renovation/Land/ Planning Engineering | 0 |
| Total State Funds Requested (must equal total from question #6) | 800,000

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14.	Pro	gram	Perto	rmance
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Consultants/Contracted

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

The goal for this project is to update an obsolete radio system in the State of Florida.

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

Purchase of equipment for the radio system, which includes radios, console equipment for communications and necessary technology.



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c. What direct ser	vices will be provided to	citizens by t	he appropriat	ion project?	•	
Clear emergency	communication for Liberty (County, Flori	 da.			
d. Who is the targ	et population served by t	his project?	How many in	dividuals ar	e expected	to be served?
All 8,000 citizens	of Liberty County.					
e. What is the exp be measured?	ected benefit or outcome	of this proj	ect? What is t	he methodo	logy by whi	ch this outcome will
To secure Liberty	County with emergency co	mmunication				
	ggested penalties that the deliverables or performa					its standard penalties
Holds on funding.						
15. Requester Contac	t Information					
a. First Name	Bret	Last Name	Phillips			
b. Organization	Liberty County Sheriff's Office					
c. E-mail Address	bphillips@libertycountysheriff.org					
d. Phone Number	(850)447-2650	Ext.				
16. Recipient Contact	Information					
a. Organization Liberty County Sheriff's Office						
b. Municipality and	d County Liberty					
c. Organization Ty	pe					
□For Profit Entity						
□Non Profit 501(d	c)(3)					
□Non Profit 501(d	c)(4)					
☑Local Entity						
□University or Co	ollege					
□Other (please s	pecify)					
d. First Name	Bret	Last Name	Phillips			
e. E-mail Address	bphillips@libertycountysho	eriff.org				
f. Phone Number	(850)447-2650					
17. Lobbyist Contact I	Information			1		
a. Name	None					
b. Firm Name	None					



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c. E-mail Address	
d. Phone Number	