

1. Project Title

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

Wakulla County Emergency Operations Center and E911 Dispatch

LFIR # 2406

| 2. Senate Sponsor  | Corey Simon  |  |   |   |   |  |  |  |
|--|--|--|---|---|---|--|--|--|
| 3. Date of Request   | 02/27/2023   |  |   |   |   |  |  |  |
| 4. Project/Program D   | escription   |  |   |   |   |  |  |  |
| dispatch hardened t<br>valued at \$5.4 millio<br>operations and pre-<br>agencies. The proje<br>interact, and work in | to a Category 4 storen. The county must<br>/during/after storm<br>ect addresses EMS<br>in unison with the en | rm on county own<br>t provide an effic<br>events for first re<br>directive for E91<br>nergency operati | O square foot Emergency ned property where the stient/effective disaster prosponders and coordinated dispatch operations to ons. The design is compis designated as a rural | heriff's complex is lo<br>eparedness facility fo<br>e with emergency pe<br>be in closer proximit<br>leted. The current fa | cated on 27.62 acres<br>or the head of<br>rsonnel and state<br>y in order to speak. |  |  |  |
| 5. State Agency to re  | ceive requested fu   | unds Divisi  | on of Emergency Manag   | ement   |   |  |  |  |
| State Agency conta   | acted? No  |  |   |   |   |  |  |  |
| 6. Amount of the Non   | recurring Request  | t for Fiscal Year  | 2023-2024   |   |   |  |  |  |
| Type of Funding  |  |  | Amo   | ount  |   |  |  |  |
| Operations   |  |  |   | 0   |   |  |  |  |
| Fixed Capital Outlay   | У  |  |   | 5,000,000   |   |  |  |  |
| <b>Total State Funds</b>   | Requested  |  |   | 5,000,000   |   |  |  |  |
| Type of Funding  |  | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | Amount  | Percentage  | ,   |  |  |  |
| Total State Funds R  | Requested (from que  | estion #6)   | 5,000,000   | 62%   |   |  |  |  |
| Matching Funds   |  |  |   |   |   |  |  |  |
| Federal  |  |  | 3,000,000   | 38%   |   |  |  |  |
| State (excluding the   | amount of this req   | uest)  | 0   | 0%  |   |  |  |  |
| Local  |  |  | 0   | 0%  |   |  |  |  |
| Other  Total Project Costs   | s for Fiscal Year 2  | 023-2024   | 0 <b>00,000</b>   | 0%<br><b>100%</b>   |   |  |  |  |
| Total i Toject Costs   | s for i iscar i car z  | 023-2024   | 0,000,000   | 10076   |   |  |  |  |
| 8. Has this project pr   | eviously received  | state funding?   | No  |   |   |  |  |  |
| Fiscal Year<br>(уууу-уу)   | Am<br>Recurring  | ount<br>Nonrecurrin  | Specific<br>Appropriation #   | Vetoed  |   |  |  |  |
|  |  |  |   |   |   |  |  |  |
| 9. Is future funding li  | kely to be request   | ed?  | No  |   |   |  |  |  |
| a. If yes, indicate n  | nonrecurring amou  | ınt per year.  |   |   |   |  |  |  |
| h Describe the so  | urce of funding th   | at can be used i   | in lieu of state funding  |   |   |  |  |  |
| b. Describe the 50   | arce or running th   | at call be used  | in neu or state runding.  |   |   |  |  |  |
|  |  |  |   |   |   |  |  |  |
| 10 Has the entity rea  | uesting this proje   | ot rooolyod ony  | fordenel engistering male   | stad to the COVID 1   | 0 nandamia?   |  |  |  |



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11. Status of Construction

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

Received a total of \$6,553,405 of ARPA funds. Addressed wastewater effluent management storage, community support programs, COVID-19 programs, and vaccine pods.

### Complete questions 11 and 12 for Fixed Capital Outlay Projects

| a. What is the current phase of the project?      |       |        |  |     |  |
|---|-------|--------|--|-----|--|
| ○Plann  | ing 🔘 | Design |  |     |  |
| 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?

06/30/2025

07/01/2023

12. List 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.

| ١ | Nα | kulla | County | is the | entity ar | nd the | owner |
|---|----|-------|--------|--------|-----------|--------|-------|
|   |    |       |        |        |           |        |       |

#### 13. 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<br>Services/Study                                  |   | 0         |  |  |  |
| Operational Costs: Other  |   |           |  |  |  |
| Salary and Benefits   |   | 0         |  |  |  |
| Expense/Equipment/Travel/Supplies/<br>Other                               |   | 0         |  |  |  |
| Consultants/Contracted<br>Services/Study                                  |   | 0         |  |  |  |
| Fixed Capital Construction/Major Renovation:                              |   |           |  |  |  |
| Construction/Renovation/Land/<br>Planning Engineering                     | Contractual construction services to build EOC as designed. | 5,000,000 |  |  |  |
| Total State Funds Requested (must equal total from question #6) 5,000,000 |   |           |  |  |  |

#### 14. Program Performance

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



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Protection of life/health/safety. To seek contractual construction services to build a 8,640 square foot EOC and E911 Dispatch hardened to a Category 4 storm on county owned property where the Sheriff's Complex is located on 27.62 acres valued at \$5.4 million. The county must provide efficient/effective disaster preparedness facility for head of operations, pre-/during/after storm for first responders and coordinate with emergency personnel and state agencies. The design is complete and the Ppoject is shovel ready.

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

Activities are to seek contractual construction services through the county's procurement process to build an EOC as designed.

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

Allows for efficient and effective disaster preparedness activities, E911 dispatch operations, inter-agency coordination, executive decision making, managing disaster response and recovery services to/for citizenry, prior to/during/after disaster events in a facility designed to withstand up to a Category 4 storm. Protection of life, health and safety for citizenry/residents/visitors and evacuees.

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

Florida residents, visitors, evacuees, and surrounding areas in this rural area of opportunity. Greater than 37,000 individuals.

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

Construction of a state-approved 8,640 sq. ft. hardened EOC and E911 dispatch facility to specifications for a Category 4 storm that will effectively protect the general public by having a fully operational EOC and E911 dispatch with up to code equipment; allows for improved communications with 1st responders, disaster recovery providers, state agencies, etc., to restore basic services efficiently. Improved emergency management response. Employment maintained from project in this rural area of opportunity. The project is included in the Adopted Infrastructure Plan (November 2021), Local Mitigation Strategy (May 2021) and the Public Safety Plan (July 2020).

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?

Non-payment of invoices until milestones achieved; implementation of corrective action plan. Standard contract penalties are sufficient.

| . Requester Contac                 | t Informati | on  | _         |         |  |  |
|------------------------------------|-------------|---|-----------|---------|--|--|
| a. First Name                      | Michelle    |   | Last Name | Metcalf |  |  |
| b. Organization                    | Wakulla C   | Wakulla County Board of County Commissioners    |           |         |  |  |
| c. E-mail Address                  | mmetcalf    | mmetcalf@mywakulla.com                          |           |         |  |  |
| d. Phone Number                    | (850)926-   | 0919  | Ext.      |         |  |  |
| Recipient Contact Information      |             |   |           |         |  |  |
| a. Organization                    |             | Wakulla County Board of County<br>Commissioners |           |         |  |  |
| b. Municipality and County Wakulla |             |   |           |         |  |  |
| c. Organization Type               |             |   |           |         |  |  |
| □For Profit Entity                 |             |   |           |         |  |  |
| □Non Profit 501(d                  | c)(3)       |   |           |         |  |  |
|                                    |             |   |           |         |  |  |



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| □Non Profit 501(c)(4)        |                               |           |         |  |  |  |  |
|------------------------------|-------------------------------|-----------|---------|--|--|--|--|
| ☑Local Entity                | ☑Local Entity                 |           |         |  |  |  |  |
| □University or Co            | llege                         |           |         |  |  |  |  |
| □Other (please sp            | pecify)                       |           |         |  |  |  |  |
| d. First Name                | Michelle                      | Last Name | Metcalf |  |  |  |  |
| e. E-mail Address            | mmetcalf@mywakulla.com        |           |         |  |  |  |  |
| f. Phone Number              | (850)926-0919                 |           |         |  |  |  |  |
| Lobbyist Contact Information |                               |           |         |  |  |  |  |
| a. Name                      | Connie Carpenter Vanassche    |           |         |  |  |  |  |
| b. Firm Name                 | CAS Governmental Services LLC |           |         |  |  |  |  |
| c. E-mail Address            | ccvgovser@gmail.com           |           |         |  |  |  |  |
| d Phone Number               | (561)924-7702                 |           |         |  |  |  |  |