



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2195

1. Project Title
2. Senate Sponsor
3. Date of Request

**4. Project/Program Description**

The Public Safety Complex will be constructed to be a Cat. 5 hurricane rated structure. The Complex will house Emergency Management, EMS, Fire Rescue administrative offices. and a portion of the Sheriff's offices. The facility will have an area where sheltering can be provided for either essential personnel and/or special needs citizens if so needed. The existing EOC is not large enough to accommodate essential personnel in a severe weather or disaster event and has no sheltering capacity. The County suffered catastrophic losses from both Hurricane Idalia and Helene.

5. State Agency to receive requested funds

State Agency contacted?

**6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	7,500,000
<b>Total State Funds Requested</b>	<b>7,500,000</b>

**7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	7,500,000	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 2025-2026</b>	<b>7,500,000</b>	<b>100%</b>

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	2,500,000		No

9. Is future-year 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.

**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



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**10. Status of Construction**

**a. What is the current phase of the project?**

- Planning    
  Design    
  Construction    
  N/A

**b. Is the project "shovel ready" (i.e permitted)?** No

**c. What is the estimated start date of construction?** 06/30/2026

**d. What is the estimated completion date of construction?** 01/31/2027

**e. What funding stream will be used for ongoing operations and maintenance of the project?**

Taylor County will own, operate and maintain the facility. In addition to the \$2.5M appropriation for the construction of the Complex, the County was awarded a FDEM grant for the design and engineering of the facility in the amount of \$472,727.27.

**11. 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.**

Taylor County will own, maintain, and operate the Public Safety Complex.

**12. 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</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	All funding will be used for the construction of a Cat 5 hurricane rated EOC-Public Safety Complex. The facility will be constructed on land owned by the County. The County will provide project management services. A FDEM grant will fund the design and engineering of the Complex.	7,500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>7,500,000</b>

**13. Program Performance**

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

The goal of the Public Safety Complex is to have a facility large enough to efficiently and effectively operate in the event of a disaster or catastrophic event such as Hurricanes Idalia and Helene. The existing EOC does not have the capacity to accommodate multiple agencies or have sufficient area for pre and post disaster planning and recovery. There is no area for sheltering for essential personnel. The new facility will offer combined services which will enable the County to better serve and provide for the safety and welfare for the community.



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

Emergency Management, Emergency Medical Services, Fire Rescue , and law enforcement will be co-located in the Complex with the primary focus being Emergency Management. In addition to these services, sheltering facilities will be available in the Complex. The proposed Complex will be constructed to Cat 5 hurricane rated standards.

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

Direct services will be Emergency Management services including pre and post-disaster planning and recovery. EMS, fire protection, and law enforcement services will also be provided. As the County suffered catastrophic losses from Hurricanes Idalia and Helene, having a resilient, multi-use facility will greatly improve public safety services for the County as well as the Big Bend region.

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

The entire population of Taylor County will be served. In addition, the facility would be available to other counties in the region should they need support or mutual aid. The Complex will benefit the entire Big Bend region.

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

Taylor County will have an adequate facility for Emergency Management to effectively operate and ensure for the continuity of operations and disaster recovery efforts. It has become very obvious during pre-landfall and post-recovery efforts resulting from Hurricanes Idalia and Helene, the facility is critically needed by Taylor County.

**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 in the contract?**

There is a critical need for the facility and when funding is secured the County will move forward with the project immediately. The County was awarded a FDEM grant in the amount of \$472,727.27 for the design and engineering of the Complex which will be near or at completion when funding is secured which will enable the construction to move forward quickly. The County owns the land where the facility will be located. All deliverables and performance measures will be met per the terms of funding contract timelines.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**a. If Yes, what phase best describes the project?**

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

Hurricane Idalia and Hurricane Helene

**15. Has the entity applied for or received federal assistance for this project?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**



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**b. Provide the total project cost listed on the FEMA project worksheet:**

**16. Has the entity applied for or received state assistance for this project (other than this request)?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):**

**17. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**18. 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**  **Ext.**

**19. Lobbyist Contact Information**



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a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*