



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2323

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Wakulla County seeks funds for its Emergency Operations Center. The funds will be used to purchase essential computers, smart boards and monitors that will provide staff access to the latest news and updates during emergencies; furnishings for offices, dispatch center, common areas to provide efficient and effective emergency management operations for Wakulla County prior, during and after disasters and major storm events in this rural area of opportunity.

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	673,100
Fixed Capital Outlay	0
Total State Funds Requested	673,100

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)	673,100	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 2025-2026	673,100	100%

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		

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?

d. What is the estimated completion date of construction?

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

General Funds Budget

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.

n/a

12. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	n/a	0
Other Salary and Benefits	n/a	0
Expense/Equipment/Travel/Supplies/Other	n/a	0
Consultants/Contracted Services/Study	n/a	0
Operational Costs		
Salary and Benefits	n/a	0
Expense/Equipment/Travel/Supplies/Other	Purchase and install essential EOC equipment and furnishings needed to provide efficient and effective emergency operation services	673,100
Consultants/Contracted Services/Study	n/a	0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		673,100

13. Program Performance

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

To protect Floridians and first responders, keep emergency personnel safe and healthy during severe storm events with appropriate equipment and furnishings needed to meet the demand of public safety services and conduct all emergency activities efficiently and effectively.

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

To purchase and install essential equipment and furnishings in the EOC through the County's procurement policy and procedures.



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

Protection of life, health, the environment and safety for citizenry, visitors, evacuees with efficient and effective emergency operations from an appropriately equipped EOC in order to provide public safety services during disasters.

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

Greater than 37,000 individuals located in this rural area of opportunity.

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

Expected outcome is completion of the project and the EOC has the proper essential equipment and furnishings to provide efficient and effective emergency services during severe storms and disaster events. Certification and operational EOC.

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?

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

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):

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#:

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



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- 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

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number



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