

LFIR # 2830

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1. Project Title	Hamilton County EOC Multipurpose Building				
2. Senate Sponsor	Corey Simon				
3. Date of Request	3/4/2025				
4. Project/Program De	escription				
EOC will be safe and services, as well as a school. The current be	for a state-of-the-art EOC hardened accessible for public and service county Emergency Management. Duilding was damaged during hurrive current facility is a re-purposed service.	personnel. It will be the h The current facility was or icane Helene and is unsal	eadquarters for cou iginally a shop class fe for continued use	unty fire and EMS sroom at an old high in future weather	
5. State Agency to rec	ceive requested funds Divis	sion of Emergency Manag	ement		
State Agency conta	cted? No				
	ecurring Request for Fiscal Yea	ır 2025-2026			
Type of Funding		Amo	unt		
Operating			0		
Fixed Capital Outlay			6,400,000		
Total State Funds F	Requested		6,400,000		
7 Total Project Cost for	Final Var. 2025 2020 (includ			a.	
7. TOTAL FTOJECT COST 10	or Fiscal Year 2025-2026 (includ	ing matching funds ava	ilable for this proje	ect)	
Type of Funding	or Fiscai Tear 2025-2026 (includ	Amount	ilable for this proje Percentage	ect)	
Type of Funding Total State Funds Re	equested (from question #6)			ect)	
Type of Funding		Amount	Percentage	ect)	
Type of Funding Total State Funds Re Matching Funds Federal	equested (from question #6)	Amount 6,400,000	Percentage 100%	ect)	
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the		Amount 6,400,000	Percentage 100% 0% 0%	ect)	
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local	equested (from question #6)	Amount 6,400,000	Percentage 100% 0% 0% 0%	ect)	
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the	equested (from question #6)	Amount 6,400,000	Percentage 100% 0% 0%	ect)	
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other	equested (from question #6)	Amount 6,400,000	Percentage 100% 0% 0% 0%	ect)	
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre	equested (from question #6) amount of this request)	Amount 6,400,000 0 0 0 0 6,400,000	Percentage 100% 0% 0% 0% 0% 0%	ect)	
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre If yes, provide the r	equested (from question #6) amount of this request) for Fiscal Year 2025-2026 eviously received state funding? most recent instance: Amount	Amount 6,400,000 0 0 0 0 4,400,000 7 Yes	Percentage 100% 0% 0% 0% 0% 0%	ect)	
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre If yes, provide the r Fiscal Year (yyyy-yy)	equested (from question #6) amount of this request) for Fiscal Year 2025-2026 eviously received state funding? most recent instance: Amount Recurring Nonrecurring	Amount 6,400,000 0 0 0 6,400,000 Yes Specific Appropriation #	Percentage 100% 0% 0% 0% 100% Vetoed	ect)	
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Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre If yes, provide the r Fiscal Year (yyyy-yy) 2024-25	equested (from question #6) amount of this request) for Fiscal Year 2025-2026 eviously received state funding? most recent instance: Amount Recurring Nonrecurring	Amount 6,400,000 0 0 0 6,400,000 Yes Specific Appropriation #	Percentage 100% 0% 0% 0% 100% Vetoed	ect)	
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre If yes, provide the r Fiscal Year (yyyy-yy) 2024-25 9. Is future-year funding	equested (from question #6) amount of this request) for Fiscal Year 2025-2026 eviously received state funding? most recent instance: Amount Recurring Nonrecurring 0 850	Amount 6,400,000 0 0 0 0 6,400,000 Yes Specific Appropriation # 0,000 2234	Percentage 100% 0% 0% 0% 100% Vetoed	ect)	
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre If yes, provide the r Fiscal Year (yyyy-yy) 2024-25 9. Is future-year funding a. If yes, indicate no	equested (from question #6) amount of this request) for Fiscal Year 2025-2026 eviously received state funding? most recent instance: Amount Recurring Nonrecurring 0 850 ng likely to be requested?	Amount 6,400,000 0 0 0 6,400,000 Yes Specific Appropriation # 0,000 2234	Percentage 100% 0% 0% 0% 0% 100% Vetoed	ect)	



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction		
a. What is the current phase of the project?		
○ Planning ○ Design		
b. Is the project "shovel ready" (i.e permitted)?	No	
c. What is the estimated start date of construction?	07/01/2025	
d. What is the estimated completion date of construction?	12/31/2027	
e. What funding stream will be used for ongoing operations	and maintenance of the	project?
Project will require limited maintenance and upkeep once cons- budget should be sufficient for upkeep and maintenance on the		nty
11. List the owners of the facility to receive, directly or indirect relationship between the owners of the facility and the enti		tlay funding. Include the
Hamilton County.		
12. Details on how the requested state funds will be expended		

12. 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 Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Request funding for construction of a new Emergency Operations Center that would house all Emergency Operations within the borders of Hamilton County. Planning/ Engineering are complete these funds are requested for construction related costs.	6,400,000
Total State Funds Requested (m	ust equal total from question #6)	6,400,000

13. Program Performance

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



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This request will be for a state-of-the-art EOC hardened facility to replace a 60 year old re-purposed building. The newEOC will be safe and accessible for public and service personnel. It will be the headquarters for county fire and EMS services, as well as county Emergency Management. The current facility was originally a shop classroom at an old high school. The current building was damaged during hurricane Helene and is unsafe.

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

All county emergency management activities will be located at the facility. Providing a safe, secure central facility will provide necessary emergency activities during hurricanes, fires, and other local emergencies. Additionally, space will be provided for a hardened shelter in the event of inclement weather events.

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

All county emergency management activities will be located at the facility (Fire, EMS, and Emergency Management). Also, there will be hardened shelter facilities available for community members to utilize during weather events.

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

This facility will serve the entire population of Hamilton County, some 14,000 people.

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

Facility will provide safe, secure, organized, centralized location for emergency response to weather events and other disasters, as well as provide a centralized location for many of the county's emergency services to meet and train, thus providing better communication and coordination. This coordination will also provide decreased response times and increased organizational capacities to better serve the community. Also, the facility will be safer for both first responders and the public.

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?

	Sta	andard contract penalties are sufficient.
14.	ls th	nis project related to mitigation, response, or recovery from a natural disaster? Yes
á	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)
	\square	Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)
k	o. Na	ame of the natural disaster (or Executive Order # for events not under a federal declaration):
	Hur	ricane Helene
15.	Has	the entity applied for or received federal assistance for this project?
	□ Y	es, Applied
	□ Y	es, Received
	M V	ln

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

□ No, but intends to apply



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b. Provide the total	project c	ost listed on the	e FEMA proj	ect worksheet:	
6. Has the entity app	lied for o	r received state	assistance	for this project (other tha	an this request)?
☐ Yes, Applied					
☐ Yes, Received					
□ No					
☐ No, but intends to	o apply				
a. If yes, specify the Commerce):	e progran	n and state ager	ncy (ex. Loca	al Government Emergen	cy Bridge Loan, Departm
Department of Eme	ergency M	anagement			
7. Requester Contact	t Informat	ion	7		
a. First Name	Matthew		Last Name	Morgan	
b. Organization	Hamilton	County			
c. E-mail Address	mmorgar	n@hamiltoncoun	tyfl.com		
d. Phone Number	(386)792	:-0507	Ext.		
8. Recipient Contact	Informati	on			
a. Organization		County Board of	f County		
b. Municipality and	d County	Hamilton			
c. Organization Ty	ре				
□For Profit Entity					
□Non Profit 501(d	:)(3)				
□Non Profit 501(d	(4)				
☑Local Entity					
□University or Co	llege				
□Other (please sp	pecify)				
d. First Name	Gary		Last Name	Godwin	
e. E-mail Address	coordinat	tor@hamiltoncou	untyfl.com		
f. Phone Number	(386)792	2-6639	Ext.		



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19. Lobbyist	Contact	Inform	nation
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a. Name	Patrick E. Bell
b. Firm Name	Capitol Solutions LLC
c. E-mail Address	pbell@capitolsolutions.biz
d. Phone Number	(850)544-0784

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