

LFIR # 3023

| 1. | Project Title | City of Tallahassee - Police De | partment Training Facility | | |
|----|--|--|--|--|---|
| 2. | Senate Sponsor | Corey Simon | | | |
| 3. | Date of Request | 3/6/2025 | | | |
| 4. | Project/Program D | escription | | | |
| | Police Department I resources needed to a controlled environ | ssee seeks to establish a state-of- Headquarters Building. This trainin o maintain skills, prepare new recr ment. The Facility, spanning over Room, and a Physical Agility Roo | g facility will provide law en uits for real-world challeng 37,000 square feet, will inc | nforcement officers es, and learn techn | with the essential injuries and strategies in |
| 5. | State Agency to re | ceive requested funds Dep | artment of Law Enforceme | ent | |
| | State Agency conta | acted? No | | | |
| c | Amount of the Nen | requiring Degrees for Figer Ver | - 2025 2026 | | |
| ο | Amount of the Non | recurring Request for Fiscal Yea | ar 2025-2026 | | 1 |
| | Type of Funding | | Amo | unt | |
| | Operating | | | 0 | |
| | Fixed Capital Outlay | | | 2,938,796 | 1 |
| | Total State Funds | Requested | | 2,938,796 | |
| 7. | • | for Fiscal Year 2025-2026 (includ | ling matching funds avai | lable for this proje | ect) |
| | | | | | |
| | Type of Funding | A | Amount | Percentage | |
| | Total State Funds R | Requested (from question #6) | Amount 2,938,796 | Percentage 2% | |
| | Total State Funds R Matching Funds | Requested (from question #6) | 2,938,796 | 2% | |
| | Total State Funds R Matching Funds Federal | | 2,938,796 | 2% | |
| | Total State Funds R Matching Funds Federal State (excluding the | Requested (from question #6) e amount of this request) | 2,938,796 | 2% 0% 0% | 1 |
| | Total State Funds R Matching Funds Federal State (excluding the Local | | 2,938,796 0 0 135,787,512 | 2% 0% 0% 98% | |
| | Total State Funds R Matching Funds Federal State (excluding the Local Other | | 2,938,796 | 2% 0% 0% | |
| | Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pr | amount of this request) | 2,938,796 0 0 135,787,512 0 138,726,308 | 2% 0% 0% 98% 0% | |
| | Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the | s amount of this request) s for Fiscal Year 2025-2026 eviously received state funding | 2,938,796 0 0 135,787,512 0 138,726,308 Polymer Specific | 2% 0% 0% 98% 0% | |
| | Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the | e amount of this request) s for Fiscal Year 2025-2026 eviously received state funding most recent instance: | 2,938,796 0 0 135,787,512 0 138,726,308 No Specific | 2% 0% 0% 98% 0% 100% | |
| | Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the | e amount of this request) s for Fiscal Year 2025-2026 eviously received state funding most recent instance: Amount | 2,938,796 0 0 135,787,512 0 138,726,308 No Specific | 2% 0% 0% 98% 0% 100% | |
| 8. | Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the Fiscal Year (уууу-уу) | e amount of this request) s for Fiscal Year 2025-2026 eviously received state funding most recent instance: Amount | 2,938,796 0 0 135,787,512 0 138,726,308 No Specific | 2% 0% 0% 98% 0% 100% | |
| 8. | Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the Fiscal Year (уууу-уу) Is future-year fund | e amount of this request) s for Fiscal Year 2025-2026 eviously received state funding most recent instance: Amount Recurring Nonrecurri | 2,938,796 0 0 135,787,512 0 138,726,308 No Specific Appropriation # | 2% 0% 0% 98% 0% 100% | |
| 8. | Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the Fiscal Year (yyyy-yy) Is future-year fund a. If yes, indicate n | e amount of this request) s for Fiscal Year 2025-2026 eviously received state funding most recent instance: Amount Recurring Nonrecurri ing likely to be requested? conrecurring amount per year. | 2,938,796 0 0 135,787,512 0 138,726,308 Polymer Specific Appropriation # | 2% 0% 0% 98% 0% 100% | |
| 8. | Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the Fiscal Year (yyyy-yy) Is future-year fund a. If yes, indicate n | s for Fiscal Year 2025-2026 eviously received state funding most recent instance: Amount Recurring Nonrecurri | 2,938,796 0 0 135,787,512 0 138,726,308 Polymer Specific Appropriation # | 2% 0% 0% 98% 0% 100% | |



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| 1 | n | Status | Ωf | Construction |
|---|-----|----------|----|--------------|
| | IJ. | . Status | OI | Construction |

| a. What is the current phase of the project? | |
|--|----------------|
| ○ Planning ○ Design ⊙ Construction | N/A |
| b. Is the project "shovel ready" (i.e permitted)? | Yes |
| c. What is the estimated start date of construction? | 10/01/2024 |
| d. What is the estimated completion date of construction | on? 12/31/2025 |
| e. What funding stream will be used for ongoing operat The City of Tallahassee will utilize funds from its operation maintenance of the facility. | |
| 1. List the owners of the facility to receive, directly or inc | |
| relationship between the owners of the facility and the | e entity. |

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| 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 | The Facility, spanning over 37,000 square feet, will include a Firearms Training Simulation Room, a Defensive Tactics Room, and a Physical Agility Room. | 2,938,796 |
| Total State Funds Requested (m | ust equal total from question #6) | 2,938,796 |

13. Program Performance

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

The goal of the facility will be to have better trained officers and thereby increase public safety in the community.

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

The funding will be used to construct the 37,000-square foot training facility, which will include a Firearms Training Simulation Room, a Defensive Tactics Room, and a Physical Agility Room.

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



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Services provided to citizens will be better trained officers that will improve community safety and savings on training

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

The general public of the City of Tallahassee will be served by this project, approximately 200,000 individuals.

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

Through construction of this facility, the public will have better trained officers, and the department will have the ability to more effectively recruit and retain officers. Data from use of force interactions can be used to compare outcomes prior to and after the construction of the training facility. The position vacancy rates will demonstrate recruitment and retention

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? |
|-----|------------|--|
| | Tł | ne requested funding would be returned to the appropriate state agency. |
| 14. | ls t | his project related to mitigation, response, or recovery from a natural disaster? No |
| 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) |
| | | Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure) |
| k |). N | ame of the natural disaster (or Executive Order # for events not under a federal declaration): |
| | | |
| 15. | Has | s the entity applied for or received federal assistance for this project? |
| | □ \ | es, Applied |
| | □ \ | es, Received |
| | 1 | No |
| | 1 | No, but intends to apply |
| á | a. If | yes, provide the FEMA project worksheet ID#: |
| | | |
| k |). P | rovide the total project cost listed on the FEMA project worksheet: |
| | | |
| 16. | Has | s the entity applied for or received state assistance for this project (other than this request)? |
| | □ \ | es, Applied |
| | □ \ | es, Received |
| | <u> </u> | No |



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| ☐ No, but intends to a. If yes, specify the | , | l state ager | ncy (ex. Loca | ul Governmen | t Emergenc | v Bridge I | oan Denartm |
|---|-----------------|--------------|---------------|---------------|-------------|------------|-------------|
| Commerce): | o program and | a state ager | icy (cx. Loce | ii Governinei | it Emergene | y Briage L | |
| | | | | | | | |
| | | | | | | | |
| 7. Requester Contact | | |] [| | | 1 | |
| a. First Name | Reese | | Last Name | Goad | |] | |
| b. Organization | City of Tallaha | assee | | | |] | |
| c. E-mail Address | Reese.Goad@ | 2talgov.com | 1 | | | | |
| d. Phone Number | (850)891-831 | 8 | Ext. | | | | |
| | | | | | | | |
| 8. Recipient Contact | | | | | | | |
| a. Organization | City of Tallaha | | | | 1 | | |
| b. Municipality and County Leon | | | | | | | |
| c. Organization Ty | ре | | | | | | |
| □For Profit Entity | | | | | | | |
| □Non Profit 501(c | :)(3) | | | | | | |
| □Non Profit 501(c | :)(4) | | | | | | |
| ☑Local Entity | | | | | | | |
| □University or Co | llege | | | | | | |
| □Other (please sp | pecify) | | | | | | |
| d. First Name | Thomas | | Last Name | Whitley | |] | |
| e. E-mail Address | | ov@tolgov (| | vviilley | |] | |
| | | |] [| | |] | |
| f. Phone Number | (850)891-820 | <u>გ</u> | Ext. | | | | |
|). Lobbyist Contact I | nformation | | | | ٦ | | |
| a. Name | Kirk Pepper | | | | | | |
| b. Firm Name | GrayRobinso | n PA | | | | | |
| c. E-mail Address | kirk.pepper@ | gray-robinso | n.com | | | | |
| d Phone Number | (850)577-000 | <u> </u> | | | | | |

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