



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3115

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The County's Emergency Operations Center (EOC) audiovisual situation display system is an antiquated analog system designed in 2003. The County's EOC performance and situation awareness by the fifty-six participating agencies is hindered by the inability to project digital images from sources such as computers, Webex, on-air and cable broadcasts. The audio system, switching system, displays are failing due to the inability to service such antiquated equipment.

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	650,000
<b>Total State Funds Requested</b>	<b>650,000</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)	650,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	650,000	50%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,300,000</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		

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)?** Yes

**c. What is the estimated start date of construction?** 08/20/2025

**d. What is the estimated completion date of construction?** 10/01/2026

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

Collier County Emergency Management 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.**

Collier County

**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	Audiovisual display systems, monitors, digital video inputs, teleconference, multi-agency- multi media integration at the Emergency Operations Center.	650,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>650,000</b>

**13. Program Performance**

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

Improve the reliability, function and information sharing during EOC training and operations.

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

Respond to public safety needs of Collier County covering over 2,000 square miles and supporting county and municipal public safety operations.

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



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To improve the tactical and operational capability of the unified command effort of a major public safety incident.

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

A county-wide service support from the Emergency Operations Center.

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

Improve response coordination between agencies to expedite the tactical and coordinated response to any major local or regional emergency event.

**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?**

Withdrawal of some appropriated funds for failing to meet agreed upon deliverables or performance measures.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**  No  Yes

**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):**

Hurricanes Ian, Debby, Helene and Milton

**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
- No
- No, but intends to apply



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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

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