

# The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

#### LFIR # 3479

1. Project Title Madison County Consolidated Multi-Use Public Safety Complex - Revert and Reappropriate

2. Senate Sponsor Corey Simon

**3. Date of Request** 3/21/2025

#### 4. Project/Program Description

Request to revert and re-appropriate SF# 3624 appropriated in Fiscal Year 2024 - 2025 for the Madison County Consolidated Multi-Use Public Safety Complex to the Madison County Sheriff's Office for purchase and renovation of an existing building for a consolidated Sheriff's Office.

5. State Agency to receive requested funds

Division of Emergency Management

<b>State Agency</b>	contacted?	No
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#### 6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	650,000
Total State Funds Requested	650,000

#### 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	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	650,000	100%	

#### 8. Has this project previously received state funding? If yes, provide the most recent instance:

Fiscal Year	Amount		Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	
2024-25	0	650,000	2725	No

#### 9. Is future-year funding likely to be requested?

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a. If yes, indicate nonrecurring amount per year.

650,000

Yes

#### b. Describe the source of funding that can be used in lieu of state funding.

Federal and State grants.

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

The Florida S Local Funding Initiat Fiscal Year 202	tive Request		LFIR # 3479
<ul> <li>0. Status of Construction         <ul> <li>a. What is the current phase of the project?</li> <li>The project of the pro</li></ul></li></ul>	ι.		
b. Is the project "shovel ready" (i.e permitted)?	No		
c. What is the estimated start date of construction?	04/01/2025		
d. What is the estimated completion date of construction?	12/31/25		
e. What funding stream will be used for ongoing operations County funds allocated to the Sheriff's office.	and maintenance of th	e project?	

# 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.

Madison County

#### 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	or Renovation:	
Construction/Renovation/Land/ Planning Engineering	Request to revert and re-appropriate LFIR form #3624 from the Madison County Consolidated Public Safety Complex new construction to the Madison County Sheriff to instead renovate an existing building for consolidated Sheriff's Office.	650,000
Total State Funds Requested (must equal total from question #6)		650,000

#### 13. Program Performance

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

The Sheriff's office currently operates in six locations around the County. Purchasing an existing building, renovating and having all public safety in one location will increase efficiency. In addition, renovation of an existing building will be a significant cost savings from new construction.

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

County-wide public safety.



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

County-wide public safety.

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

#### Entire County.

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

Consolidated services in one location will increase safety of County residents and the general 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?

Since this is a renovation, it will largely be completed by the Sheriff's office or construction contracted out through and open procurement.

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

#### 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)

#### 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

🗆 No



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□ 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**

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	a. First Name	Sherilyn	Last Name	Pickels		
	b. Organization	Madison County				
	c. E-mail Address	Admin@madisoncountyfl.com				
	d. Phone Number	(850)973-4151	Ext.			
18.	<b>Recipient Contact</b>	Information				
	a. Organization	Madison County Sheriff's	Office			
	b. Municipality and	I County Madison				
	c. Organization Ty	pe				
	□For Profit Entity					
	□Non Profit 501(c	:)(3)				
	□Non Profit 501(c	INon Profit 501(c)(4)				
	☑Local Entity	☑Local Entity				
	□University or College					
	□Other (please specify)					
	d. First Name	David	Last Name	Harper		
	e. E-mail Address	David.harper@mcso-fl.org	1			
	f. Phone Number	(850)973-4151	Ext.			
19.	Lobbyist Contact I					
	a. Name	Jennifer Jankowski Greer	1			
	b. Firm Name	Liberty Partners of Tallahassee LLC				
	c. E-mail Address	jennifer@libertypartnersfl.com				
	d. Phone Number	(850)841-1726				

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