

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 2320

1. Project Title	Suwannee County Sheriff's Office I	Headquarters			
•		·			
2. Senate Sponsor	Corey Simon				
3. Date of Request	02/28/2023				
4. Project/Program De	escription				
not storm proof and I administration staff. Sheriff's Office. A ne	quarters for the Suwannee County Sh houses the patrol division, evidence, in The office is an old construction comp w building will allow for all facets of the ssist our citizenry with one stop service	records, investigative u pany building that has b se Sheriff's Office to be	nit, Drug Task Ford been retrofitted to d	ce and the uasi accommodate the	
5. State Agency to rec	eive requested funds Departm	nent of Law Enforceme	nt		
State Agency conta 6. Amount of the Nonr	cted? Yes ecurring Request for Fiscal Year 20	023-2024			
Type of Funding	• .	Amoi	unt		
Operations		7	0	1	
Fixed Capital Outlay			8,000,000		
Total State Funds F	Requested		8,000,000		
7. Total Project Cost fo	or Fiscal Year 2023-2024 (including	matching funds avai	lable for this proje	ect)	
	Total State Funds Requested (from question #6)		100%		
Matching Funds	squeeted (II etti queetteti #e)	8,000,000	10070		
Federal			0%		
State (excluding the amount of this request)		0	0%		
Local		0	0%		
Other		0	0%	1	
Total Project Costs	for Fiscal Year 2023-2024	8,000,000	100%		
8. Has this project pre	eviously received state funding?	No			
Fiscal Year	Amount	Specific	Vetoed	1	
(уууу-уу)	Recurring Nonrecurring	Appropriation #			
9. Is future funding lik	ely to be requested?	No			
a. If yes, indicate no	onrecurring amount per year.				
b. Describe the sou	rce of funding that can be used in	lieu of state funding.			
10. Has the entity requ	uesting this project received any fe	deral assistance rela	ted to the COVID-1	19 pandemic?	



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If yes, indicate the amount of funds received and what the funds were used for.	

Complete questions 11 and 12 for Fixed Capital Outlay Projects

1. Status of Construction	
a. What is the current phase of the project?	
OPlanning ODesign OConstruction	
b. Is the project "shovel ready" (i.e permitted)?	
c. What is the estimated start date of construction?	
d. What is the estimated completion date of construction?	
List the owners of the facility to receive, directly or indirec relationship between the owners of the facility and the ent	

13. 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: Other			
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	To construct a headquarters for the Suwannee County Sheriff's Office. The current building thhouses the Sheriff's Office is not storm proof and houses the patrol division, evidence, records, investigative unit, Drug Task Force and the administration staff. The office is an old construction company building that has been retrofitted to quasi accommodate the Sheriff's Office. A new building will allow for all facets of the Sheriff's Office to be housed under one roof that is "storm" ready	8,000,000	
Total State Funds Requested (must equal total from question #6)			

14. Program Performance

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



d. First Name

Franklin

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This would allow advocate, investig	the citizenry one stop servi	ces. The enti d patrol and a	re agency woo	uld be housed to include fin	I in this facility ance, payroll	/. To include our victim and human resources.
b. What activities	s and services will be pro	vided to mee	t the intende	d purpose o	these funds	;?
	ent services, victims of crim			nt services to	include patro	l and the civil division o
<u> </u>	rvices will be provided to			ation project	?	
Law enforcement	t services, community relati	on services, i	records divisio	on.		
d. Who is the targ	get population served by	this project?	How many i	ndividuals a	re expected t	o be served?
48,000						
e. What is the exp be measured?	pected benefit or outcom	e of this proj	ect? What is	the methodo	ology by whi	ch this outcome will
communities toge	lationships with the commu ther for targeted training ar inty of Suwannee and strive	nd information	services. The	e Sheriff's Off	ice is the chie	of law enforcement
f. What are the su	uggested penalties that th	ne contractin	g agency ma	y consider ii	addition to	its standard penalties
for failing to mee	et deliverables or perform	ance measur	res provided	for the contr	act?	
This would have	to be determined by the Bo	ard of Comm	issioners.			
15. Requester Contac	ct Information					
a. First Name	Franklin	Last Name	White			
b. Organization	Suwannee County Board	of County Co	ommissioners			
c. E-mail Address	commissioner5@suwcountyfl.gov					
d. Phone Number	(386)364-3400	Ext.				
16. Recipient Contact	t Information					
a. Organization	Suwannee County Board Commissioners	l of County				
b. Municipality an	d County Suwannee					
c. Organization Ty	ype					
□For Profit Entity	<i>y</i>					
□Non Profit 501((c)(3)					
□Non Profit 501((c)(4)					
☑Local Entity						
□University or Co	ollege					
□Other (please s	specify)					
	/					

Last Name White



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e. E-mail Address	commissioner5@suwcountyfl.gov			
f. Phone Number	(386)364-3400			
17. Lobbyist Contact Information				
a. Name	None			
b. Firm Name	None			
c. E-mail Address				
d. Phone Number				