



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3624

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

A consolidated multi-use public safety complex will be used by Madison County with a Sheriff's Office including a communications center, evidence processing/storage and records department, administrative offices for Fire Rescue services and an Emergency Operations Center. When completed it will provide efficient public health, life, safety & protection services including the only 911 center/dispatch in Madison County. This project will not require any additional staffing and will enhance public accountability.

5. State Agency to receive requested funds

State Agency contacted?  Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	13,100,000
<b>Total State Funds Requested</b>	<b>13,100,000</b>

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	13,100,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>13,100,000</b>	<b>100%</b>

8. Has this project previously received state funding?  No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?  No

a. If yes, indicate nonrecurring amount per year.

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

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

Yes



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

The County received approximately \$3.5 million that has been used towards a variety of projects.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. 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)?

No

c. What is the estimated start date of construction?

1/12025

d. What is the estimated completion date of construction?

9/1/2025

12. 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

### 13. 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: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Facility furniture, fixtures, equipment, site development review, A&E fees, project contingencies.	700,000
Consultants/Contracted Services/Study	Architectural design, project management, environmental impact.	1,000,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Design, engineering, site work, permitting and construction of a consolidated, multi-use public safety complex.	11,400,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>13,100,000</b>

### 14. Program Performance

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

A combined public safety complex will provide the citizens of Madison County with emergency and regular safety with a central Sheriff's Office with efficient and prompt public life, health, safety and protection services from a single location. This site will house the Public Safety Answering Point (PSAP)/911 dispatch for all public safety in Madison County.

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



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This site will house the Public Safety Answering Point (PSAP)/911 dispatch for all public safety in Madison County. It will also be the site of disaster and emergency related activities and services provided by EOCs and serve as a critical emergency operations center as they respond to, and recover from, any crisis situation.

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

When completed, the facility will provide for efficient public health, life, safety and protection services including the only 911 center/dispatch in Madison County.

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

Protect and serve citizens and visitors with a suitable, state of the art complex, allowing staff and service teams to meet the demands that keep our community safe and in a professional atmosphere serving everyone.

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

The facility will provide for a facility that will allow the partnership with community stakeholders to identify creative ways to reduce juvenile offenders through youth prevention and intervention programs. Utilizing statistics from internal reporting, state reporting and evaluating trends, they will work closely with DJJ and the school district to support their mission.

**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 the contract?**

If appropriated, Madison County will ensure that all deliverables and performance measures set forth in the funding agreement are met. These measures will include engaging a compliance/project management team to work with County staff to oversee administration and compliance of the appropriated funds.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. 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)



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d. First Name  Last Name   
e. E-mail Address   
f. Phone Number

#### 17. Lobbyist Contact Information

a. Name   
b. Firm Name   
c. E-mail Address   
d. Phone Number