



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2524

1. Project Title
2. Senate Sponsor
3. Date of Request

**4. Project/Program Description**

Madison County Sheriff's Office seeks a 2 phased funding project to build a singular Sheriff's Office to provide efficient public health, life, safety & protection services including the only 911 center/dispatch in Madison. This will not require any additional staffing. This will enhance public accountability, staff workspace, improve skills/attitudes/retention/evidence/records storage. MCSO currently operates from 5 separate locations, between 40 & 67 years old & between 1.6 to 3.2 miles apart, antiquated facilities, no value to retrofit/remodel to today's standards. The distance between the facilities creates obstacles and costly challenges to provide public health, safety, life & protection services. Phase 1 will consist of planning, design, site development, and construct portions of Sheriff's Office that would allow for some operations. Phase 2 would complete the new singular Sheriff's office, including the communications center.

5. State Agency to receive requested funds
- State Agency contacted?  No

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	4,320,000
<b>Total State Funds Requested</b>	<b>4,320,000</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)	4,320,000	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>4,320,000</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?  Yes
- 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?



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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

### 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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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.

### 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 and equipment, fixtures, 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	Site selection is County Owned property at no cost, site preparation, engineering, construction	2,620,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>4,320,000</b>

### 14. Program Performance

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



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Phase 1: Build portions of a singular Sheriff's Office for Sheriff's Office personnel excluding 911/dispatch communications center, evidence and records. Provide efficient and prompt public health, life, safety & protection services. No additional staffing is required. Improve public accountability, services, staff workspace, improved staff skills/attitudes, staff retention. Provide staff and service teams the ability to meet the demands that keep our community safe and in a professional atmosphere serving everyone. Eliminate obstacles and costly challenges caused by separated facilities, between 40 and 67 years old, 1.2 to 3.6 miles apart that are antiquated & have lost all value to retrofit or remodel for today's standards/requirements, to provide public life, safety, health and protection services. Phase 2: Complete construction of Sheriff's Office, to include 911 communications center, evidence and records.

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

The Madison County Sheriff's Office will provide public health, life, safety & protection services to all citizens/visitors of Madison County. This includes response to calls for service for all types of incidents, criminal activities as well as search/rescue, investigations, community outreach and crime reduction. Maintain and operate the only Public Safety Answering Point (PSAP) (9-1-1) within Communications Center for Madison County. Provide all dispatch services for all municipalities and fire rescue services in Madison County.

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

The Madison County Sheriff's Office and the 911 communications center will be able to serve our citizens and visitors most efficiently and promptly by addressing their law enforcement and other emergency needs from a single location where all resources are united. This will provide a suitable, state-of-the-art complex, allowing staff and service teams to meet the daily demands that keep the community safe. The new Sheriff's Office and Communications Center will provide a safe, community friendly atmosphere to serve everyone.

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

All citizens, visitors, and service personnel requesting public safety services in Madison County and surrounding areas. Madison County Census Population is approximately 18,000. However, the Madison County Sheriff's Office dispatched public health, life, safety, protection personnel and services to 46,514 persons during last fiscal year (10/01/2022 to 09/30/2023).

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

To provide public health, life, safety & protection services to include 911 from a singular Sheriff's Office and coordination that are all located in the same office for Madison and surrounding counties. Report all NIBRS/FIBRS data from records management and computer aided dispatch software, maintain required compliance with CJIS and FDLE audits, continue citizen satisfaction surveys through our Victims Advocate program for services provided, internal assessments, audits and case management reviews will be utilized to gauge services rendered & further provide a measured outcome. Improve public accountability, services, staff workspace, staff skills/attitudes, evidence collection/storage/records and staff retention. Unite in a single location that all staff and service teams have the ability to meet the demands to keep our community safe & in a professional atmosphere serving everyone.

**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?**

Any unexpended funds not applied directly to this project will be returned.

**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



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**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**

**17. Lobbyist Contact Information**

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**