1. Title of Project: Public Safety Administration Complex

2. Senate Sponsor: George Gainer

3. Date of Submission: 10/10/2017

4. Project/Program Description:
   Public Safety Administration Complex

5. State Agency Contacted? No
   a. If yes, which state agency?
   b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
      Department of Law Enforcement

6. Amount of Non-recurring Requested for fiscal year 2018-19:

<table>
<thead>
<tr>
<th>Amount Requested for Operations</th>
<th>Amount Requested for Fixed Capital Outlay</th>
<th>Total Amount of Requested State Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,000,000</td>
<td>3,000,000</td>
<td>3,000,000</td>
</tr>
</tbody>
</table>

7. Type, amount and percent of matching funds available for this project for fiscal year 2018-19:

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>1,000,000</td>
<td>13.3%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>3,000,000</td>
<td>39.9%</td>
</tr>
<tr>
<td>Local</td>
<td>526,000</td>
<td>7.0%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>4,526,000</td>
<td>60.2%</td>
</tr>
</tbody>
</table>

8. Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds): 7,526,000

9. Previous Year Funding Details:
   a. Has funding been provided in a previous state budget for this activity? No
   b. In the previous 5 fiscal years, how many years was funding provided? (Optional)
   c. What is the most recent fiscal year the project was funded?
   d. Were the funds provided in the most recent fiscal year subsequently vetoed?
   e. Complete the following Worksheet.
The Florida Senate
Local Funding Initiative Request - Fiscal Year 2018-2019

<table>
<thead>
<tr>
<th>FY:</th>
<th>Input Prior FY Appropriation for this project for FY 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column:</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds Description:</td>
<td>Prior Year Recurring Funds *</td>
<td>Prior Year Nonrecurring Funds *</td>
<td>Total Funds Appropriated (Column A + Column B)</td>
</tr>
<tr>
<td>Input Amounts:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

The City is prepared to put up to 34% of the Project Costs in this project. The facility will replace an existing facility that is nearly 80 years old and does not meet State, Federal, and Local Code Requirements. The New Public Safety Administration Complex will allow the City to eliminate health and safety issues associated with changes in providing police and fire protection to the citizens of Marianna.

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

Facilities will be upgraded in a manner that will meet Federal, State and Local Code requirements for Fire, Police and Administrative functions for a public facility.

c. How will the funds be expended?

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐Other Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐Consultants/Contracted Services/Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐Salary and Benefits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
d. What are the direct services to be provided to citizens by the appropriations project?

   Primary is Fire and Police Service


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

   The entire population of Jackson County (48,599), will be served, in that the City has interlocal agreements for both fire and police services. The building will also serve as a centrally located regional area for public meetings held by the City and its citizens, as well as a central training point for Federal, State and other local agencies located in Northwest Florida; FDEP, FDOT, Florida Rural Water, etc.

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

   The expected outcome is to have a Fire and Police and Administrative Complex that meets all Federal, State, and Local Code requirements for health, safety and accessibility. The primary way of measuring performance is to have the City Building Official identify the numerous Federal, State and Local Code Issue resolved with the new facility. Also, keep accurate databases of information on new jobs, economic development, regional meeting, fire and police data, and track the information over time.

g. 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?

   The Contracting Agency, City of Marianna will establish a Critical Path with date specific targets for pre-development. Once bids are received and awarded for the project, the Contract will have specific contract completion dates, if not met would be subject to Liquidated Damages, assessed on a daily basis.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

   The Public will own the proposed facility, which will be overseen by the City Commission through the City Manager.

13. Requestor Contact Information:
   a. Name: Jim Dean
   b. Organization: City of Marianna
   c. Email: jim.dean@cityofmarianna.com
   d. Phone Number: (850)482-4353
14. **Recipient Contact Information:**
   a. **Organization:** City of Marianna
   b. **County:** Jackson
   c. **Organization Type:**
      - For Profit
      - Non Profit 501(c) (3)
      - Non Profit 501(c) (4)
      - Local Entity
      - University or College
      - Other (Please specify)
   d. **Contact Name:** Jim Dean
   e. **E-mail Address:** jim.dean@cityofmarianna.com
   f. **Phone Number:** (850)482-4353

15. If there is a registered lobbyist, fill out the lobbyist information below.
   a. **Name:** Patrick Bell
   b. **Firm:** Capitol Solutions
   c. **Email:** pbell@capitolsolutions.biz
   d. **Phone Number:** (850)224-8282