1. **Title of Project:** Okeechobee County Fire Station

2. **Senate Sponsor:** Denise Grimsley

3. **Date of Submission:** 11/09/2017

4. **Project/Program Description:**
   To design and construct a new satellite fire station with 2,775 SF living quarters; 3,675 SF apparatus bay, generator building, potable well & water treatment system, fire well & water system to serve & protect residents & visitors of Okeechobee County, which is a fiscally constrained & designated as a Rural Area of Opportunity.

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 Financial Services

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>2,240,000</td>
<td>2,240,000</td>
<td>2,240,000</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>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 2,240,000

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.
<table>
<thead>
<tr>
<th>FY:</th>
<th>Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
</tr>
<tr>
<td></td>
<td>B</td>
</tr>
<tr>
<td></td>
<td>C</td>
</tr>
<tr>
<td>Funds Description:</td>
<td>Prior Year Recurring Funds *</td>
</tr>
<tr>
<td>Input Amounts:</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?

To Protect property, life, health, safety and welfare of citizenry, businesses and surrounding areas. To design and construct a new satellite fire station with 2,775 SF living quarters; 3,675 SF apparatus bay, generator building, potable well & water treatment system, fire well & water system to serve & protect residents & visitors of Okeechobee County.

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

To seek architectural/engineering design, permitting, bidding, construction project management and construction services to design and construct a new fire station to serve & protect the citizenry, residents, visitors, and business community of Okeechobee County.

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>
</tbody>
</table>

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d. What are the direct services to be provided to citizens by the appropriations project?
   - Protect property, life, health, safety and welfare of citizenry, businesses and surrounding areas.

e. Who is the target population served by this project? How many individuals are expected to be served?
   - Citizenry, visitors, residents, businesses and surrounding areas -- 39,000+

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
   - Protect property & public from harm, improve life, health, & safety. Response time will be significantly improved. Documentation of number of persons in category assisted by fire personnel; increase response time & job efficiency. Increase/improve economic activity. Employment maintained from project and 15 new jobs will be created.

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?
   - Non payment of invoices

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.
   - Okeechobee County is the owner and the entity.

13. Requestor Contact Information:
   a. Name: Robbie Chartier
   b. Organization: Okeechobee Board of County Commissioners
   c. Email: rchartier@co.okeechobee.fl.us
   d. Phone Number: (863)773-6441

14. Recipient Contact Information:
    a. Organization: Okeechobee Board of County Commissioners
b. **County:** Okeechobee  

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:** Robbie Chartier  
e. **E-mail Address:** rchartier@co.okeechobee.fl.us  
f. **Phone Number:** (863)773-6441

15. **If there is a registered lobbyist, fill out the lobbyist information below.**  
a. **Name:** Connie Vanassche  
b. **Firm:** CAS Governmental Services, LLC  
c. **Email:** casgovser@gmail.com  
d. **Phone Number:** (561)512-0089