1. **Title of Project:** Okeechobee County Correctional Facility Improvements
2. **Senate Sponsor:** Denise Grimsley
3. **Date of Submission:** 11/09/2017
4. **Project/Program Description:**
   To design, renovate, modify, remodel, expand and construct existing correctional facility to include New 212-Bed Housing Pod; Renovate Existing Housing Pods; Construct New Jail Kitchen; Expand Sheriff’s Office Administration Areas; Redevelop Existing Kitchen/dining into Inmate Program Areas; Redevelop Laundry, Intake, Medical/Storage Areas on County own property. Addresses State regulations. The County, which is fiscally constrained and designated as a Rural Area of Opportunity, expended funds for Feasibility Study in 2008 and is in the process of letting a RFQ for design.
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>30,600,000</td>
<td></td>
<td>30,600,000</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):** 30,600,000
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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Column:</td>
<td>A</td>
</tr>
<tr>
<td>Funds Description:</td>
<td>Prior Year Recurring Funds *</td>
</tr>
</tbody>
</table>

Input Amounts:

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 seek contractual services with an architect/engineer for design, permit, bid, project management and construction services to construct the facility on County owned property as designed. Once constructed, the facility will reduce the problems associated with overcrowding, provide for a safer working environment and adequate facility to properly house inmates.

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

      To seek architectural/engineering and construction services through the County’s procurement process.

   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>
d. What are the direct services to be provided to citizens by the appropriations project?

Protection of life, health and safety of employees and officers by providing an adequate, safe facility to process and house the inmate population.

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

Employees, officers, inmates, over 400 individuals are expected to be served.

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

To provide a safe, adequate facility on County owned property to properly process and house inmates, reduce over crowding, and dangerous events that occur due to over crowding in jails. Project addresses state regulations; protects employees and officers; and provides for the monitoring, reporting and processing of inmates. Once completed, 13 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 County Board of County Commission
   c. Email: rchartier@co.okeechobee.fl.us
   d. Phone Number: (863)763-6441

14. Recipient Contact Information:
a. **Organization:** Okeechobee County Board of County Commission  
b. **County:** Okeechobee  
c. **Organization Type:**  
   - [ ] For Profit  
   - [ ] Non Profit 501(c) (3)  
   - [ ] Non Profit 501(c) (4)  
   - [x] 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)763-6441

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