



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** DeSoto County Emergency Communication Improvements

2. **Senate Sponsor:** Denise Grimsley

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

4. **Project/Program Description:**

Upgrade and improve emergency 911 communication equipment

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?

Executive Office of the Governor

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

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	1,000,000	1,000,000

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

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	1,000,000	50.0%
Other	0	0.0%
TOTAL	1,000,000	50.0 %

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

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.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
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?

Emergency communications coverage and reliability; P25 capable.

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

Major equipment and facility upgrades. Current system bought used in the 90's; getting difficult to get parts and service for these items as they become obsolete. Largest concern is communication coverage gaps in critical areas. Lack of communication coverage is a major concern for public safety and first responder safety personnel.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		



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<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Consoles, radios, base equipment dispatch consoles tower facilities and related apparatuses	1,000,000
TOTAL		1,000,000

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

Emergency Response services in Fire and Emergency Medical Services.

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

General Public, approximately 35,000.

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

Reliable emergency response communication network.

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?

De-obligation of funds.

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.

DeSoto County is the owner of the facility and the entity.

13. Requestor Contact Information:

- a. **Name:** Mandy Hines
- b. **Organization:** DeSoto County Commission
- c. **Email:** m.hines@desotobocc.com
- d. **Phone Number:** (863)993-4800

14. Recipient Contact Information:

- a. **Organization:** DeSoto County Commission
- b. **County:** DeSoto
- c. **Organization Type:**
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)



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☐ Non Profit 501(c) (4)

☒ Local Entity

☐ University or College

☐ Other (Please specify)

d. Contact Name: Mandy Hines

e. E-mail Address: m.hines@desotobocc.com

f. Phone Number: (863)993-4800

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: Laura Boehmer

b. Firm: Souther Strategies

c. Email: boemer@sostratgey.com

d. Phone Number: (727)686-0924