



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** DeSoto County Public Safety Equipment

2. **Senate Sponsor:** Denise Grimsley

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

4. **Project/Program Description:**

Request for assistance in providing funding to purchase fire apparatus and rescue ambulance. This request will be one-tem request to enable the community to achieve a level of service and timeliness that will provide the time needed to implement the local Capital Improvement Plan.

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:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	500,000	500,000

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	75,000	13.0%
Other	0	0.0%
TOTAL	75,000	13.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 575,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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?

Public safety reliability and public safety in extreme circumstance

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

One time purchase of fire apparatus and rescue ambulance for reliable emergency responder services to the public

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		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Fire Apparatus and Rescue Ambulance	500,000



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

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

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 equipment. Return of loaner equipment to Charlotte and Hardee Counties. Vehicle loaner equipment has been necessary due failing local equipment, weather related overturned engine out of service for extended time for repairs.

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 operated Fire and EMS Service (Includes service to City of Arcadia)

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)
 - Non Profit 501(c) (4)



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- 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: Southern Strategies

c. Email: boemer@sostratgey.com

d. Phone Number: (727)686-0924