



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Airport Rescue and Firefighting Training Prop - Charlotte County

2. **Senate Sponsor:** Denise Grimsley

3. **Date of Submission:** 11/17/2017

4. **Project/Program Description:**

Funding to purchase and/or build an Airport Rescue and Fire Fighting training prop, compliant with FAA to serve Southwest Florida and allow the ARFF fire fighters to remain compliant with FAA training requirements necessary to receive commercial flights.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Financial Services

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

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
	1,500,000	1,500,000

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

Type	Amount	Percent
Federal	250,000	14.3%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	250,000	14.3 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,750,000

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?

The goal of this firefighting training prop is to allow all regional ARFF fire fighting training personnel to obtain necessary and required training to remain compliant with FAA while saving taxpayer dollars in travel and overtime costs associated with this training requirement

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

Purchase and/or installation of FAA compliant firefighting training prop

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 type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Installation of firefighting training prop	1,500,000
TOTAL		1,500,000

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

ARFF firefighters remain compliant with FAA training allowing municipal airports to receive commercial flights. As a result, the region of SWFL will continue to increase commercial airline travel to the state.

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

ARFF firefighting personnel, municipal airports, regional airports.

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

All Charlotte County ARFF training personnel will have access to training and remain compliant. Training will be available to other municipal airports and ARFF personnel in the region.

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.

Charlotte County Board of County Commissioners

13. Requestor Contact Information:

- a. **Name:** Emily Lewis
- b. **Organization:** Charlotte County Board of County Commissioners
- c. **Email:** Emily.Lewis@charlottecountyfl.gov
- d. **Phone Number:** (941)743-1582

14. Recipient Contact Information:

- a. **Organization:** Charlotte County Board of County Commissioners
- b. **County:** Charlotte
- 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: Emily Lewis

e. E-mail Address: Emily.Lewis@charlottecountyfl.gov

f. Phone Number: (941)743-1582

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

a. Name: Cari Roth

b. Firm: Dean Mead

c. Email: CRoth@deanmead.com

d. Phone Number: (850)999-4100