



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Jackson County Courthouse Fire Suppression

2. **Senate Sponsor:** George Gainer

3. **Date of Submission:** 11/27/2017

4. **Project/Program Description:**

Fire Suppression System for Jackson County Courthouse

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 Environmental Protection

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
	460,000	460,000

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	50,000	9.8%
Other	0	0.0%
TOTAL	50,000	9.8 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 510,000

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?

To install a fire suppression system in the Jackson County Courthouse

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

Safety of citizens and personnel and official records

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		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Design and installation of a fire suppression system for the Jackson County Courthouse	510,000
TOTAL		510,000

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

Provide fire safety for citizens and personnel

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

Citizens who frequent the Courthouse and personnel. Approximately 360 people daily (citizens and Personnel)

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

The Jackson County Courthouse will be protected against fire.

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?

None

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.

Jackson County Board of County Commissioners as owners and space providers for constitutional officers and the courts.

13. Requestor Contact Information:

- a. **Name:** Pamela Pichard
- b. **Organization:** Jackson County Board of County Commissioners
- c. **Email:** ppichard@jacksoncountyfl.com
- d. **Phone Number:** (850)482-9633

14. Recipient Contact Information:

- a. **Organization:** Jackson County Board of County Commissioners
- b. **County:** Jackson
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College



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Other (Please specify)

d. Contact Name: Pamela Pichard

e. E-mail Address: ppichard@jacksoncountyfl.com

f. Phone Number: (850)482-9633

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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number:

16. Have you applied for alternative state funding?

Wastewater Revolving Loan

Drinking Water Revolving Loan

Small Community Wastewater Treatment Grant

Other (Please describe)

N/A

17. What is the population economic status?

Financially Disadvantaged Community (ch. 62-552, F.A.C)

Financially Disadvantaged Municipality (ch. 62-552, F.A.C)

Rural Area of Economic Concern

Rural Area of Opportunity (s. 288-0656, Florida Statutes)

N/A

18. What is the status of construction?

None

19. What percentage of construction has been completed?

None

20. What is the estimated completion date of construction?

None