



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Fire Rescue Station Jackson County

2. **Senate Sponsor:** George Gainer

3. **Date of Submission:** 11/21/2017

4. **Project/Program Description:**

To complete site development for Fire Station in Commercial Park Hwy 71 South Jackson County Florida.

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
	150,000	150,000

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	600,000	80.0%
Other	0	0.0%
TOTAL	600,000	80.0 %

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

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

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:		600,000	600,000

### 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?

Complete all of site development so that building can be constructed and placed in service for FR/EMS.

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

Complete all of the site development so that building can be completed.

#### 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	Complete site development	150,000
TOTAL		150,000

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

Fire, safety and health.

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

Citizens and businesses of Jackson County.

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

Building completion and FR and EMS implemented in this area.

**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?**

NA

**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 to house Jackson County Fire Rescue/EMS.

**13. Requestor Contact Information:**

- a. **Name:** Pamela G. 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
  - ☐ Other (Please specify)
- d. **Contact Name:** Pamela G. Pichard



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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: David Bishop

b. Firm: Solaris Consulting and Southern Strategy

c. Email: dbishop@solarisconsult.com

d. Phone Number: (850)766-8384