1. **Title of Project:** Fort Coombs Armory, Fire Sprinkler System
2. **Senate Sponsor:** Bill Montford
3. **Date of Submission:** 12/08/2017
4. **Project/Program Description:**
   Installation of an automatic fire sprinkler system inside Fort Coombs Armory, a state-owned building, so the building will be compliant with fire safety codes.
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:**

<table>
<thead>
<tr>
<th>Amount Requested for Operations</th>
<th>Amount Requested for Fixed Capital Outlay</th>
<th>Total Amount of Requested State Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>78,943</td>
<td>303,002</td>
<td>381,945</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Local</td>
<td>10,000</td>
<td>2.3%</td>
</tr>
<tr>
<td>Other</td>
<td>50,000</td>
<td>11.3%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>60,000</td>
<td>13.6%</td>
</tr>
</tbody>
</table>
8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 441,945
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) 2
   c. What is the most recent fiscal year the project was funded? **2016-17**
   d. Were the funds provided in the most recent fiscal year subsequently vetoed? **No**
   e. Complete the following Worksheet.
Input Prior FY Appropriation for this project for FY 2017-18
(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)

<table>
<thead>
<tr>
<th>Column</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds Description:</td>
<td>Prior Year Recurring Funds *</td>
<td>Prior Year Nonrecurring Funds *</td>
<td>Total Funds Appropriated (Column A + Column B)</td>
</tr>
</tbody>
</table>

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 Fort Coombs Armory will be compliant with fire safety codes.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?
   Design and construct a fire sprinkler system in the Fort Coombs Armory.

c. How will the funds be expended?

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs</td>
<td>Executive Director/Project Head Salary and Benefits</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other Salary and Benefits</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consultants/Contracted Services/Study</td>
<td>Architectural</td>
</tr>
<tr>
<td>Operational Costs</td>
<td>Salary and Benefits</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consultants/Contracted Services/Study</td>
<td></td>
</tr>
</tbody>
</table>
d. **What are the direct services to be provided to citizens by the appropriations project?**

   A new fire sprinkler system installed in the Fort Coombs Armory will provide a safe location for events to take place.

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

   6,000 individuals.

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

   To bring the Fort Coombs Armory fire safety codes up to date. The Fire Marshal will approve the installation of the fire sprinkler system.

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?**

   Franklin County will retain 10% of the contractor’s payment until the Fire Marshal approves the new sprinkler system.

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.

   Franklin County leases the Armory from the State of Florida.

13. **Requestor Contact Information:**

   a. **Name:** Michael Moron
   b. **Organization:** Franklin County Board of Commissioners
   c. **Email:** michael@franklincountyflorida.com
   d. **Phone Number:** (850)673-9783 Ext. 155

14. **Recipient Contact Information:**

   a. **Organization:** Franklin County Board of Commissioners
   b. **County:** Franklin
   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:** Michael Moron
e. **E-mail Address:** michael@franklincountyflorida.com
f. **Phone Number:** (850)673-9783 Ext. 155

15. If there is a registered lobbyist, fill out the lobbyist information below.
   a. **Name:** None
   b. **Firm:** None
   c. **Email:**
   d. **Phone Number:**