



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1530

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

Wakulla County needs a new first responder system that will provide reliable, secure communications for emergency calls and communicate with other federal, state, and local first responders. The current system can no longer be repaired or be placed under a service agreement due to its age. Funds will be used to hire a consultant to determine the appropriate type of system for the needs of the county, and the second phase will be for procuring a system, installation, and training.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="2,000,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	2,000,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="2000000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	2,000,000	100 %

8. **Has this project previously received state funding?** Yes No
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

9. **Is future-year funding likely to be requested?** Yes No
- If yes, indicate nonrecurring amount per year.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1530

10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		<input type="text"/>
Other Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other	Procurement of a first responder system, installation, and training of first responders and 911 communication personnel.	1,750,000
Consultants/Contracted Services/Study	Consulting services to assist the county in assessing the needs of the county and recommendations for an appropriate type system based on needs and geography; support with procurement and vendor selection; and oversight of installation and training.	250,000
Operational Costs: Other		
Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		<input type="text"/>
Total State Funds Requested (must equal total from question #6)		2,000,000



The Florida Senate Local Funding Initiative Request Fiscal Year 2020-2021

LFIR # 1530

11. Program Performance

- a. What specific purpose or goal will be achieved by the funds requested?

Wakulla County needs a new first responder system that will provide reliable, secure communications for emergency calls and communicate with other federal, state, and local first responders. The current system can no longer be repaired or be placed under a service agreement due to its age. Funds will be used to hire a consultant to determine the appropriate type system for the needs of the county, and the second phase will be for procuring a system, installation, and training.

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

Intake of emergency calls, dispatch of calls, and response to calls by Wakulla County first responders as well as communication with other federal, state, and local first responders.

- c. What direct services will be provided to citizens by the appropriation project?

Intake of emergency calls, dispatch of calls, and response to calls by Wakulla County first responders as well as communication with other federal, state, and local first responders.

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

This project will benefit all citizens, visitors and potential evacuees to Wakulla County. It will also benefit other federal, state, and local entities. Approximately 800 individuals or more are expected to be served.

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

To protect the general public from harm (i.e. environmental, criminal, etc.) by providing intake, dispatch, and response to emergency calls. The method for measuring the level of benefit or outcome will be measured by the number of calls received and number of responses.

- f. 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?

Deobligation of funds or repayment of funds.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1530

12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

N/A

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- For-profit Entity
 - Non-Profit 501(c) (3)
 - Non-Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.