1. **Project Title**   Jacob City Fire Station

2. **Senate Sponsor**   George Gainer

3. **Date of Request**   01/03/2020

4. **Project/Program Description**

   Jacob City Fire Station project has been discussed in both Jacob City and Jackson County meetings. This project would place a fire station in the City of Jacob. Jacob is located about the center of Marianna, Cottondale, and Graceville. This fire station will provide services to The City of Jacob and its neighboring cities as well.

5. **State Agency to receive requested funds**   Department of Financial Services

   State Agency contacted?   ○ Yes ⦿ No

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

Type of Funding	Amount
Operations	000
Fixed Capital Outlay	1,500,000
Total State Funds Requested	1,500,000

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)	1500000	100.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	1,500,000	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		

9. **Is future-year funding likely to be requested?**   ○ Yes ⦿ No

   If yes, indicate nonrecurring amount per year.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/ Land/Planning Engineering	Engineering and Construction Services	1,500,000
Total State Funds Requested (must equal total from question #6)		1,500,000

11. **Program Performance**

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

> Jacob City is between the City of Graceville and the City of Marianna. The fire station that will go in the City of Jacob will accommodate those that reside in the City limits of Jacob and those that are on the outskirts of town and in between the adjacent cities.

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

> The fire station will provide services to the City and County in case of an emergency.

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

> Currently, there is no fire station and thus the citizens of Jacob would be vulnerable if a fire were to break out. A fire station will greatly decrease the waiting time for a 911 emergency if a fire station were to be placed in the City.

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

> The fire station will service the entire City in case of an emergency.

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

> This project will protect the general public from harm by shortening the wait time from 911 in case of an emergency.

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?

> The Auditor General conducts audits for both City and State agencies.

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   Carl   Last Name Bailey

   b. Organization   City of Jacob

   c. E-mail Address   jacobcity@wfeca.net

   d. Phone Number   (850)326-4116   Ext.

14. **Recipient Contact Information**

   a. Organization   City of Jacob

   b. Municipality and County Jackson

   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   Carl   Last Name Bailey

   e. E-mail Address jacobcity@wfeca.net

   f. Phone Number (850)3264116

15. **Lobbyist Contact Information**

   a. Name   None

   b. Firm Name   None

   c. E-mail Address

   d. Phone Number   Ext.