

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 2387

1.	Project Title	City of Bradenton Public Safety Operations Center						
2.	Senate Sponsor	Jim Boyd						
3.	Date of Request	02/27/2023						
4.	Project/Program Des	scription						
	The City of Bradenton is remodeling the former Red Cross Regional Headquarters located at 2905 59th St. W. into a fully functioning Public Safety Operations Center (PSOC). This city-owned site will function as a Forward Operating Base during a declared emergency or disaster for the City of Bradenton. Located out of designated flood zones, the PSOC has a base flood elevation that is approximately 20 feet higher than that of the Bradenton City Centre. The PSOC has almost 12,000 square feet of habitable space and its northern end is currently rated for category 4 hurricane. Remodeling plans include additional storm hardening, installing additional communication equipment (Internet circuits, surveillance cameras, computers, servers, UPSes, enhancing cellular signals, radio equipment, and potentially satellite equipment), creating bunk rooms, creating offices, updating the kitchen, updating the generator, upgrading the roof, and repairing HVAC systems.							
5.	State Agency to reco	eive requested fu	nds Depar	tment of Economic Opp	ortunity			
	State Agency contact	cted? No						
6	Amount of the Nonre	ecurring Request	for Fiscal Year	2023-2024				
	Type of Funding							
				Ailio	Amount			
	Operations			1 400 000				
	Fixed Capital Outlay				1,400,000			
Total State Funds Requested					1,400,000			
7. '	Total Project Cost fo	r Fiscal Year 202	3-2024 (includir	ng matching funds ava	ilable for this projec	t)		
	Type of Funding			Amount	Percentage			
	Total State Funds Requested (from question #6)			1,400,000	47%			
	Matching Funds			., .00,000	,			
1	Federal			0	0%			
	State (excluding the a	amount of this read	uest)	0	0%			
	Local	•	,	1,600,000	53%			
	Other			0	0%			
	Total Project Costs	for Fiscal Year 20	023-2024	3,000,000	100%			
8.	Has this project pre	viously received	state funding?	No				
[. , .	,		0 10				
	Fiscal Year (yyyy-yy)	Amo		Specific Appropriation #	Vetoed			
	(3333 337	Recurring	Nonrecurring	, Appropriation "				
ا ۵	le future funding like	aly to be request:	ad?	No				
9. Is future funding likely to be requested?				INU				
	a. If yes, indicate no	nrecurring amou	nt per year.					
	b. Describe the soul	rce of funding tha	at can be used i	n lieu of state funding.				



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1,400,000

1,400,000

10. Has the entity requesting this p	project received any federal a	assistance related to	the COVID-19 pandemic?
No If yes, indicate the amount of fu	ınds received and what the f	unds were used for.	
Complete questions 11 a	nd 12 for Fixed Capi	tal Outlay Proje	ects
11. Status of Construction			
a. What is the current phase of t	he project?		
○Planning	Construction		
b. Is the project "shovel ready"	(i.e permitted)?	No	
c. What is the estimated start da	ate of construction?	08//01/2023	
d. What is the estimated comple	etion date of construction?	03/01/2024	
12. List the owners of the facility to relationship between the owners	o receive, directly or indirectry or the facility and the enti	tly, any fixed capital o	outlay funding. Include the
City of Bradenton			
13. Details on how the requested s	tate funds will be expended		
Spending Category		Description	Amount
Administrative Costs:			
Executive Director/Project Head Salary and Benefits			0
Other Salary and Benefits			0
Expense/Equipment/Travel/Supplies/ Other			0
Consultants/Contracted Services/Study			0
Operational Costs: Other			
Salary and Benefits			0

14. Program Performance

Consultants/Contracted Services/Study

Construction/Renovation/Land/ Planning Engineering

Other

Expense/Equipment/Travel/Supplies/

Fixed Capital Construction/Major Renovation:

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

Total State Funds Requested (must equal total from question #6)

improvements.

All funds will be utilized for construction of building upgrades including

additional storm hardening; additional IT, communication, and security equipment; creating bunk rooms for staff and first responders; creating offices and press room; updating the kitchen and restrooms;

replacing the standby generator; roof upgrades; and HVAC



15.

16.

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To provide a Forward Operating Base in west Bradenton for emergency response. The PSOC proximity to Anna Maria Island and its municipalities. HCA Blake Hospital, and Bishop Animal Shelter make it an opportune regional staging area

for resources from	the city, county, and other	districts and	military liaisons responding	g to emergencies. Adjacent to the e for a ground/aerial resources
b. What activities	and services will be prov	ided to mee	t the intended purpose of	these funds?
Enhanced emerge	ency response and support	t activities du	ring and following declared	emergencies or disasters.
c. What direct ser	vices will be provided to	citizens by t	the appropriation project?	?
Enhanced emerge	ency response and support	t activities du	ring and following declared	emergencies or disasters.
d. Who is the targ	et population served by	this project?	How many individuals ar	re expected to be served?
The over 400,000	residents of Manatee Cou	nty.		
e. What is the exp be measured?	ected benefit or outcome	e of this proj	ect? What is the methodo	ology by which this outcome will
	e times for first responders h coastal hazard areas of			rdination of regional support
f. What are the su	ggested penalties that th	e contractin	g agency may consider ir	addition to its standard penalties
for failing to meet	deliverables or performa	ance measur	es provided for the contr	act?
Reversion of fund	S			
Requester Contac	t Information			
a. First Name	Jim	Last Name	McLellan	
b. Organization	City of Bradenton Departi	ment of Publi	c Works	
c. E-mail Address	jim.mclellan@bradentonfl	l.gov		
d. Phone Number	(941)708-6300	Ext.	235	
Recipient Contact	Information			
a. Organization	City of Bradenton			
b. Municipality and	d County Manatee			
c. Organization Ty	ре			
□For Profit Entity				
□Non Profit 501(d	c)(3)			
□Non Profit 501(d	c)(4)			
☑Local Entity				
□University or Co	llege			
□Other (please sp	pecify)			
d. First Name	Jim	Last Name	McLellan	



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e. E-maii Address	Jim.mcielian@bradentonti.gov					
f. Phone Number	(941)708-6300					
17. Lobbyist Contact Information						
a. Name	Laura E. Boehmer					
b. Firm Name	The Southern Group					
c. E-mail Address	boehmer@thesoutherngroup.com					
d. Phone Number	(850)671-4401					