

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

LFIR # 2263

1. Project Title	Martin County P	ublic Safety Trainin	ng Tower					
2. Senate Sponsor	Gayle Harrell							
3. Date of Request	02/28/2023							
4. Project/Program Des	scription							
Rescue Training Faci Martin County; build s	lity. The training to staff capacity with ining on-site witho	ower will: result in a modern, rigorous tr	unty. This is a critical of safer and quicker lever aining; reduce injury a ces to send off-site; cr	el of emergency serv nd time missed from	vice to the residents of work; allow for staff to			
5. State Agency to rece	eive requested fu	nds Departm	nent of Financial Servic	es				
State Agency contact	ted? No							
6. Amount of the Nonre	ecurring Request	for Fiscal Year 20)23-2024					
Type of Funding			Amou	unt				
Operations				0				
Fixed Capital Outlay				6,000,000				
Total State Funds R	equested			6,000,000				
7. Total Project Cost fo Type of Funding		o (o.aag	Amount	Percentage	,			
Total State Funds Re	Total State Funds Requested (from question #6)		6,000,000	80%				
Matching Funds								
Federal	Federal			0%				
State (excluding the a	State (excluding the amount of this request)			0%	<u>%</u>			
Local	Local			20%				
Other			0	0%				
Total Project Costs	Total Project Costs for Fiscal Year 2023-2024			100%				
8. Has this project prev	viously received	state funding?	No					
Fiscal Year	Amount		Specific	Vetoed				
(уууу-уу)	Recurring	Nonrecurring	Appropriation #					
9. Is future funding like	ely to be requeste	ed?	No					
a. If yes, indicate no	nrecurring amou	nt per year.						
b. Describe the sour	rce of funding tha	at can be used in l	lieu of state funding.					
10. Has the entity requ	esting this proje	ct received any fe	deral assistance rela	ted to the COVID-1	9 pandemic?			



11. Status of Construction

Construction/Renovation/Land/

Planning Engineering

Planning

a. What is the current phase of the project?

ODesign

b. Is the project "shovel ready" (i.e permitted)?

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6,000,000

If yes, indicate the amount of funds received and what the funds were used for.

Martin County (MC) received \$28,093,258 from the CARES Act in 2020 which was allocated to a variety of COVID-19 relief initiatives for local small businesses, non-profits, and mental health to offset the impacts of the pandemic such as capital and operational enhancements to mitigate the spread of the virus. MC received \$31,272,363 from the American Rescue Plan Act (ARPĂ) which is currently being utilized to provide grants to community partners and fund capital infrastructure for clean water.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

Construction

c. What is the estimated start date of construction?		This project will be designed and permitted by November of 2023 for a construction start date of January 2024.		
d. What is the estimated complet	on date of construction?	05/31/2024		
12. List the owners of the facility to relationship between the owner	receive, directly or indirec s of the facility and the ent	tly, any fixed capital dity.	outlay funding. Inc	lude the
Martin County Board of County C	ommissioners.			
13. Details on how the requested sta	te funds will be expended	Description		Amarint
Spending Category Administrative Costs:		Description		Amount
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:			

Yes

Construction.

Funding will provide match for construction phase via Contract

Agreement Between Martin County and Contractor for Horizontal



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Total State Funds	Requested (must e	qual total from	question #	6)				6,000,000
14. Program Performa	ınce							
a. What specific p	ourpose or goal wil	I be achieved	by the funds	reque	ested?			
rigorous training, a other counties. Ind	er level of emergend and allow staff to con creased county revel savings gained by r	mplete required nue by 1) offerii	training on-s	site with wer fa	hout deple cility renta	ting resource I/usage by ou	es to send the utside agencie	m to train in
b. What activities	and services will b	pe provided to	meet the int	tended	d purpose	of these fu	nds?	
Health and safety	of residents and ma	aintaining the le	vel of service	e to Ma	artin Count	ty residents.		
c. What direct ser	vices will be provi	ded to citizens	by the app	ropriat	tion proje	ct?		
Increase respons	e times and improve	ed level of respo	onse to public	emer	gencies by	y fire rescue	staff.	
d. Who is the targ	et population serv	ed by this pro	ject? How m	any in	ndividuals	are expecte	ed to be serve	ed?
The entire Martin emergencies by fire	County population version of the country population version versions.	will see increase	ed response t	times a	and improv	ed level of re	esponse to pu	blic
•	ected benefit or or	utcome of this	project? Wh	nat is t	the metho	dology by v	vhich this ou	tcome will
be measured?								
revenue by 1) offe not sending staff of house training tow response times, st	e times and improve ring training tower fa outside of Martin Cou er. Properly trained raff turnover rates, jo aining hours. Monito	acility rental/usa unty for required staff will reduce bb satisfaction r	age by outsid d training. Inc e risk of injury atings, hours	e ager crease y while and le	ncies and 2 fire rescue performinevel of state	2) cost and re e staff capaci g job function f training, sta	esource saving ity by providin ns. Monitor fire	gs gained by g an in- e rescue
	ggested penalties		•				to its standa	rd penalties
	deliverables or pe				•			•
If the project is no	t completed, funds t	to be reverted b	ack to Division	on of E	Emergency	Managemei	nt.	
15. Requester Contac		L and No	DI-					
a. First Name	Don		ame Donald					
b. Organization	Martin County Boa	•	ommissioner	S				
c. E-mail Address		fl.us						
d. Phone Number	(772)288-5503		Ext.					
16. Recipient Contact	Information			7				
a. Organization	Martin County Boa Commissioners	ard of County						
b. Municipality and	d County Martin							
c. Organization Ty	pe							
□For Profit Entity								
□Non Profit 501(c)(3)							



17.

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□Non Profit 501(c	2)(4)						
☑Local Entity							
□University or College							
□Other (please specify)							
d. First Name	George	Last Name	Dzama				
e. E-mail Address	gdzama@martin.fl.us						
f. Phone Number	(772)463-2837						
Lobbyist Contact Information							
a. Name	Mathew Forrest						
b. Firm Name	Ballard Partners						
c. E-mail Address	mat@ballardpartners.com	1					
d. Phone Number	(561)253-3232						