

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

LFIR # 1428

b. Describe the so	urce or runding the			1	
a. If yes, indicate n			ieu of state funding.		
9. Is future funding li			No		
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
Fiscal Year		ount	Specific	Vetoed	
8. Has this project pr	eviously received	state funding?	No		
Total Project Costs	s for Fiscal Year 20	023-2024	877,420	100%	
Other			0	0%	
Local	amount of the root		100,000	11%	
State (excluding the	amount of this requ	iest)	0	0%	
Matching Funds Federal			0	0%	
Total State Funds R	equested (from que	estion #6)	777,420	89%	
Type of Funding			Amount	Percentage	
7. Total Project Cost t	or Fiscal Year 202	3-2024 (including	matching funds avai	ilable for this proje	ect)
Total State Funds	Requested			777,420	
Fixed Capital Outlay	1			777,420	
Operations			Aillo	0	
Type of Funding	Todaring Request	101110001100120	Amo	unt	
6. Amount of the Non		for Fiscal Year 20	23-2024		
5. State Agency to re State Agency conta	•	Departin	ent of Financial Servi	Jes	
county without respect			ant of Financial Comi		
and Law Enforceme must be evacuated	nt in Gilchrist Coun during emergent we	ty. This project will eather events. The	replace a current man	ufactured home tha	ted to Firefighters, EMS, at is not storm rated and es a large portion of the
4. Project/Program D	escription				
3. Date of Request	01/28/2023				
2. Senate Sponsor	Jennifer Bradley				
1. Project Title	Gilchrist County	Fire Station			

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



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Amount \$3,226,886.00- Used for public safety payroll.
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Complete questions 11 and 12 for Fixed Capital Outlay Projects

11.	Status of Cons	struction			
;	a. What is the c	current phase o	f the project?		
	Planning	⊙ Design	Construction		
I	b. Is the project	t "shovel ready	" (i.e permitted)?	No	
c. What is the estimated start date of construction?		Late 2023			
•	d. What is the estimated completion date of construction?			Early 2024	
12.			y to receive, directly or indirect ners of the facility and the enti		outlay funding. Include the
Gilchrist County Board of County Commissioners- Local Government- Self					

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

Spending Category	Description	Amount		
Administrative Costs:	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		
Expense/Equipment/Travel/Supplies/Other		0		
Consultants/Contracted Services/Study		0		
Fixed Capital Construction/Majo	r Renovation:			
Construction/Renovation/Land/ Planning Engineering	Construction and Materials	777,420		
Total State Funds Requested (must equal total from question #6) 777,420				

14. Program Performance

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

The specific goal is to construct a hardened facility to house emergency responders, including but not limited to, firefighters, EMS, and law enforcement. This project will replace a current manufactured home that is not storm rated and must be evacuated during emergent weather events.

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

Providing uninterrupted emergency Fire/EMS response at all times, as well as provide a storm rated shelter for FIRE/EMS/LEO and Public Safety during weather related emergencies.



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

Emergency Fire and EMS response to save lives and protect property and storm shelter for Public Safety employees during states of emergencies.

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

This project targets the general population of and visitors to Gilchrist County. Gilchrist County has current population of 18,360 with an annual estimated 175,000 population of tourists.

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

Fire and Emergency Medical Services will occur 100% of the time to ensure life safety and property conservation. We will also be able to shelter within our facility for storm related emergencies, thereby providing more effective and efficient response during states of emergencies. Outcome will be measured by evaluating the availability and response of Fire/EMS/Law Enforcement for a current underserved population during natural disasters.

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 the contract?

Deliverables/Performance will be measured monthly. If deliverables/performances are not met according to contract, they will be addressed immediately by Gilchrist County staff and the Gilchrist County engineer. If corrections are not successful within a timely manner, funds will be returned.

. Requester Contact	tinformation			
a. First Name	Bobby Last Name Crosby Jr.			
b. Organization	Gilchrist County Board of County Commissioners			
c. E-mail Address	bcrosby@gilchrist.fl.us			
d. Phone Number	(352)463-3198	Ext.		
. Recipient Contact	Information			
a. Organization	Gilchrist County Emergen	icy Managem	ent	
b. Municipality and County Gilchrist				
c. Organization Ty	pe			
□For Profit Entity				
□Non Profit 501(c)(3)				
□Non Profit 501(c)(4)				
☑Local Entity				
□University or College				
□Other (please specify)				
d. First Name	Ryan	Last Name	Clemons	
e. E-mail Address	rclemons@gcfr.org			



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f. Phone Number	(386)935-5400			
17. Lobbyist Contact Information				
a. Name	None			
b. Firm Name	None			
c. E-mail Address				
d. Phone Number				