



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Fort Coombs Armory, Fire Sprinkler System

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 12/08/2017

4. **Project/Program Description:**

Installation of an automatic fire sprinkler system inside Fort Coombs Armory, a state-owned building, so the building will be compliant with fire safety codes.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Executive Office of the Governor

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
78,943	303,002	381,945

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	10,000	2.3%
Other	50,000	11.3%
TOTAL	60,000	13.6 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 441,945

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 2

c. What is the most recent fiscal year the project was funded? 2016-17

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>			

### 10. Is future-year funding likely to be requested?

No

### 11. Program Performance:

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

The Fort Coombs Armory will be compliant with fire safety codes.

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

Design and construct a fire sprinkler system in the Fort Coombs Armory.

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Architectural	78,943
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Sprinkler system in armory	303,002
TOTAL		381,945

**d. What are the direct services to be provided to citizens by the appropriations project?**

A new fire sprinkler system installed in the Fort Coombs Armory will provide a safe location for events to take place.

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

6,000 individuals.

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

To bring the Fort Coombs Armory fire safety codes up to date. The Fire Marshal will approve the installation of the fire sprinkler system.

**g. 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?**

Franklin County will retain 10% of the contractor's payment until the Fire Marshal approves the new sprinkler system.

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

Franklin County leases the Armory from the State of Florida.

**13. Requestor Contact Information:**

- a. **Name:** Michael Moron
- b. **Organization:** Franklin County Board of Commissioners
- c. **Email:** michael@franklincountyflorida.com
- d. **Phone Number:** (850)673-9783 Ext. 155

**14. Recipient Contact Information:**

- a. **Organization:** Franklin County Board of Commissioners
- b. **County:** Franklin
- c. **Organization Type:**
  - ☐ For Profit
  - ☐ Non Profit 501(c) (3)
  - ☐ Non Profit 501(c) (4)
  - ☒ Local Entity



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## *Local Funding Initiative Request - Fiscal Year 2018-2019*

☐ University or College

☐ Other (Please specify)

**d. Contact Name:** Michael Moron

**e. E-mail Address:** michael@franklincountyflorida.com

**f. Phone Number:** (850)673-9783 Ext. 155

**15. If there is a registered lobbyist, fill out the lobbyist information below.**

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**