



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Hernando County Fire Rescue Station #6 Renovation Project

2. **Senate Sponsor:** Wilton Simpson

3. **Date of Submission:** 12/11/2017

4. **Project/Program Description:**

In February of 2017, Hernando County Fire Rescue took over fire protection services for the Hernando Beach area. The original steel building, which has only 600 sf of living area, was built approximately 37 years ago and needs extensive and costly repairs. Funding for this project would include completely gutting the entire building, including kitchen and bathroom, as well as removing all steel wall and roof sheeting. Given the location of this station along the coastal area of Hernando County and given the likelihood of flooding to this area, it would be recommended to raise the living area above ground level and to acceptable to Hernando County codes. This station would need to consist of approximately 3500 sf to 4000 sf of living space to include dorms, multiple bathrooms, kitchen, office space and physical fitness area. It will also be necessary for this elevated living space to connect with access into the steel building (truck bays) on the North side of the property.

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?

Department of Financial Services

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 |
|---------------------------------|---|---------------------------------------|
| | 1,200,000 | 1,200,000 |

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 | 300,000 | 20.0% |
| Other | 0 | 0.0% |
| TOTAL | 300,000 | 20.0 % |

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,500,000



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9. Previous Year Funding Details:

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.

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

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?

To renovate the fire stations to meet the functionality and service demands needed to house sufficient equipment and manpower to provide emergency medical and fire protection to the surrounding community.

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

By renovating the fire station to accommodate community growth, we will be able to better serve a growing community and aging population with room to sufficiently house resources, both manpower and equipment.

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 | | |



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| | | |
|---|--|-----------|
| <input type="checkbox"/> Consultants/Contracted Services/Study | | |
| Operational Costs | | |
| <input type="checkbox"/> Salary and Benefits | | |
| <input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other | | |
| <input type="checkbox"/> Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation | | |
| <input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering | Funding for this project would include completely stripping the entire steel building. Given the likelihood of flooding to this coastal area, living area needs to be elevated. This station would need 3500 sf to 4000 sf of living space to include dorms, multiple bathrooms, kitchen, office space and physical fitness area. This elevated living space will need access into the truck bays on the North side of the property. | 1,200,000 |
| TOTAL | | 1,200,000 |

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

Direct services include enhanced emergency medical services and fire protection as a result of proper manpower, equipment, and space.

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

Entire population of Hernando County, >800

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

Improved results on agency agility tests; reduced use of sick time; reduced Workers' Compensation claims. Comparison of previous agility tests results; measure of prior years use of sick time and number of Workers' Compensation claims. Demonstrated/improved turnout and response times for calls for service. Comparison of prior departmental statistical activity reports.



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- 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?

Loss of additional funds.

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.

Hernando County Government

13. Requestor Contact Information:

- a. Name: Leonard Sossamon
- b. Organization: Hernando County Government
- c. Email: lsossamon@hernandocounty.us
- d. Phone Number: (352)540-6452

14. Recipient Contact Information:

- a. Organization: Hernando County Government
- b. County: Hernando
- c. Organization Type:
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☒ Local Entity
 - ☐ University or College
 - ☐ Other (Please specify)
- d. Contact Name: Scott Hechler
- e. E-mail Address: shechler@hernandocounty.us
- f. Phone Number: (352)754-5810

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

- a. Name: Shawn Foster
- b. Firm: Sunrise Consulting
- c. Email: foster@scgroup.us
- d. Phone Number: (727)808-4131