



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 2185

**1. Title of Project:** Emergency Responders Operations Center Phase II

**2. Senate Sponsor:** Dennis Baxley

**3. Date of Submission:** 02/22/2019

**4. Project/Program Description:**

City of Mascotte Emergency Responders Operations Center within the downtown district. The current facility has exceeded its useful life and is now considered inadequate in housing emergency personnel safely. The new facility will provide a safe and effective operations center for emergency response to both the City of Mascotte and Lake County. It will provide new technology allowing for redundancy and reliability during a storm event. Preliminary planning and design are complete. The project will move forward to construction in 2019.

**5. State Agency to receive requested funds :** Executive Office of the Governor

State Agency Contacted? No

**6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	
Fixed Capital Outlay	850,000
<b>Total State Funds Requested</b>	<b>850,000</b>

**7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	850,000	36.17%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	1,500,000	63.83%
Other		0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>2,350,000</b>	<b>100.0%</b>

**8. Has this project previously received state funding?** No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

**9. Is future-year funding likely to be requested?** No

**10. Details on how the requested state funds will be expended**

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and		



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Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Phase II, construction of the Emergency Responders Operations Center	850,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>850,000</b>

**11. Program Performance:**

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

The construction phase of an emergency responders operations center to replace an existing facility that has exceeded useful life expectancy. The new facility will include technology resources to allow for emergency response during storm events.

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

Construction of a new facility.

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

Emergency response operations center to provide services in the City of Mascotte and parts of the county.

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

Target population 13,000 individuals.

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

Expected benefit is a new emergency responders operation center. Measured outcome will be completed construction on the new facility.

**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 in the contract?**

Loss of funding if deliverables are not met.

**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.**

City of Mascotte

**13. Requestor Contact Information:**

**a. Name:** Jim Gleason



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- b. Organization:** City of Mascotte
- c. E-mail Address:** jim.gleason@cityofmascotte.com
- d. Phone Number:** (352)429-3341

#### 14. Recipient Contact Information:

- a. Organization:** City of Mascotte
- b. County:** Lake
- 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:** Jim Gleason
- e. E-mail Address:** jim.gleason@cityofmascotte.com
- f. Phone Number:** (352)429-3341

#### 15. Lobbyist Contact Information

- a. Name:** Christopher Dawson
- b. Firm Name:** Gray-Robinson
- c. E-mail Address:** chris.dawson@gray-robinson.com
- d. Phone Number:** (407)843-8880