1. **Title of Project:** Taylor County - Rescue Boat

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 03/14/2019

4. **Project/Program Description:**
   Taylor County is requesting funding assistance for the purchase of a 20 foot shallow water rescue boat to facilitate rescue and recovery operations in both swift and still water flooding or storm surge events in locations that traditional watercraft may not be able to reach.

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**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>20,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>20,000</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>20,000</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td>20,000</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Spending Category Administrative Costs:</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Salary and Benefits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
11. Program Performance:

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

   The purchase of a shallow water rescue boat would aid first responders to reach flooded areas that may be inaccessible with traditional watercraft. Taylor County Sheriff's Office - Division of Emergency Management will receive possession of the 20 foot shallow water rescue boat upon procurement by the Taylor County Board of County Commissioners. The Taylor County Sheriff's Office - Division of Emergency Management and the Taylor County Board of County Commissioners have an Interlocal Agreement that states the Sheriff's Office will conduct operations of emergency management on behalf of Taylor County.

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

   In the event of flooding, a shallow water rescue boat would be used to reach citizens in flooded communities.

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

   The boat would enable first responders to provide search, rescue, and disaster recovery services not currently provided to Taylor County citizens.

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

   As the majority of Taylor County is low lying, the entire county would benefit.

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

   The shallow water boat would enable first responders to reach citizens who have been impacted or stranded by flooding and/or storm surge.

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?**

   Taylor County will not fail to meet deliverables or performance measures provided for in the contract. Standard contract penalties are sufficient.

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.

   N/A
13. **Requestor Contact Information:**
   a. **Name:** Pam Feagle
   b. **Organization:** Taylor County Board of County Commissioners
   c. **E-mail Address:** pfeagle@taylorcountygov.com
   d. **Phone Number:** (850)584-3681

14. **Recipient Contact Information:**
   a. **Organization:** Taylor County Board of County Commissioners
   b. **County:** Taylor
   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:** LaWanda Pemberton
   e. **E-mail Address:** lpemberton@taylorcountygov.com
   f. **Phone Number:** (850)838-3500

15. **Lobbyist Contact Information**
   a. **Name:** None
   b. **Firm Name:** None
   c. **E-mail Address:**
   d. **Phone Number:**