



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1436

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This project includes the purchase and installation of a new communication system for the Sheriff's Office. Currently there are many parts of the County that are not reachable by the County's existing communication system, which puts residents and deputies who travel to those areas in danger.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,200,000
<b>Total State Funds Requested</b>	<b>1,200,000</b>

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,200,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>1,200,000</b>	<b>100%</b>

8. Has this project previously received state funding?

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

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

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



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CARE funds were distributed to some county departments to help with operational costs.

#### 11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Purchase of Emergency Communications System	1,200,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,200,000</b>

#### 12. Program Performance

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

This project will result in the improved health and safety of Jefferson County residents through the purchase and installation of a new communication system for the Sheriff's Office. Currently there are many parts of the County that are not reachable by the County's existing communication system, which puts residents and deputies who travel to those areas in danger.

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

Enhanced service to citizens of Jefferson County by Sheriff's deputies.

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

Better able to communicate with deputies allowing better safety provided to citizens.

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

This project will provide services to the entirety of Jefferson County.  
The county's population is 14,246 citizens.

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

This communication system will reach all parts of the county. A measure of it's success will be the ability for deputies to be able to communicate in every area.

##### 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?

The Auditor General audits for both the County and State agencies.



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13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

Same as applicant.



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#### 14. Requestor Contact Information

a. First Name  Last Name   
b. Organization   
c. E-mail Address   
d. Phone Number  Ext.

#### 15. Recipient Contact Information

a. Organization   
b. Municipality and County

#### c. Organization Type

- ☐ For Profit Entity  
☐ Non Profit 501(c)(3)  
☐ Non Profit 501(c)(4)  
☒ Local Entity  
☐ University or College  
☐ Other (please specify)

d. First Name  Last Name   
e. E-mail Address   
f. Phone Number

#### 16. Lobbyist Contact Information

a. Name   
b. Firm Name   
c. E-mail Address   
d. Phone Number