



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1637

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

As a new Emergency Operations Center has been recognized a priority need, Brevard County has identified \$7M in local public safety funds to be utilized for Phase 2 Construction which includes complete exterior/structural build-out, full weatherization, and air conditioning of the entire space. Phase 2 Construction has a total estimated cost of \$8M, necessitating the need to request funding assistance. Brevard County's EOC is the most frequently activated in the State of Florida and it serves an area with numerous unique hazards, including space launches and landings. The purpose of the EOC activation is to centralize response and recovery decisions, plans, and operational activities so that the efficiency, quality, and quantity of resources achieves maximum effectiveness. The current EOC (built in 1966) was not built to accommodate today's needs, and a 2005 property condition assessment report states: In many respects, the existing EOC has outlived its effective and functional life.

5. **State Agency to receive requested funds**
- State Agency contacted?** Yes

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,000,000
Total State Funds Requested	1,000,000

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)	1,000,000	12%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	7,000,000	88%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	8,000,000	100%

8. **Has this project previously received state funding?** Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	1,000,000	2646	No

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

a. **If yes, indicate nonrecurring amount per year.**

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



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

Yes

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

- Coronavirus Relief Funds (public safety needs and economic support), \$105 million
- Transit Services, \$18 million
- Housing and Human Services, \$5.4 million

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	A contractor will be utilized for the facility construction. Site work is complete and this project is shovel ready for construction of the physical EOC building, complete exterior/structural build-out, full weatherization, and air conditioning of the entire space.	1,000,000
Total State Funds Requested (must equal total from question #6)		1,000,000

12. Program Performance

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

A new EOC of sufficient size and technology capacity would enable Brevard County to better provide emergency response, recovery, training, and mitigation -- all part of the county's responsibility under ch. 252, F.S., for residents and visitors of East Central Florida. The funds requested would allow Brevard County to leverage \$7 million of local public safety funds to complete Phase 2 Construction, which includes complete exterior/structural build-out, full weatherization, and air conditioning of the entire space. The total project estimate is \$8 million.

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

In addition to emergency communication, preparedness, response, training, recovery, and mitigation provided for all county residents and visitors, the EOC also houses the secondary 911 answering point which dispatches emergency medical response throughout the county and fire response in all unincorporated and some incorporated areas of the county.

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

Same as above.

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

All residents (around 600,000) and visitors (millions) of Brevard County, in addition to those populations in surrounding counties that could be affected by Brevard's hazards.



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

Protect the general public from harm and save lives; measured by statistics of lives lost during emergencies and tracked in coordination with the National Weather Service.
Increase economic activity by employing contractors; measured by people employed by construction contractors and tracked by the Economic Development Commission.

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?

Delay reimbursement. Brevard has a long and demonstrated history of meeting the agreed to deliverables or performance measures in previous contracts with the state.

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.

Brevard County



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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