

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 1219

1. Project Title	Escambia Heal	Escambia Health Department Resilience Upgrades					
2. Senate Sponsor	Doug Broxson						
3. Date of Request	11/03/2023						
4. Project/Program D	escription						
Funding is sought to protection to extend to the structure by e	the life of the build	ling. The roof repla	acement will protect inte	nt Building in an effor rior components wh	ort to provide necessary nile adding additional life		
5. State Agency to re	ceive requested f	u nds Depart	ment of Health				
State Agency conta	acted? Yes						
6. Amount of the Non	recurring Reques	t for Fiscal Year 2	2024-2025				
Type of Funding			Amo	Amount			
Operations				56,960			
Fixed Capital Outlay	/			797,440			
Total State Funds	Requested			854,400			
•	for Fiscal Year 202	24-2025 (includin	g matching funds avai	lable for this proje	ect)		
Type of Funding			Amount	Percentage			
Total State Funds R	equested (from qu	estion #6)	854,400	100%			
Matching Funds			_				
Federal			0	0%			
State (excluding the amount of this request)			0	0%			
Local			0	0%			
Other			0	0%			
Total Project Costs 3. Has this project pr		•	854,400 No	100%			
Fiscal Year	Amount		Specific	Vetoed			
(уууу-уу)	Recurring	Nonrecurring	Appropriation #				
9. Is future funding li	kely to be request	ted?	No				
a. If ves. indicate n	onrecurring amo	unt per vear.					
a. If yes, indicate nonrecurring amount per year. b. Describe the source of funding that can be used in lieu of state funding.							
b. Describe the so	urce of funding th	at can be used ir	i lieu of state funding.				
10. Has the entity req	uestina this proje	ect received any f	ederal assistance rela	ted to the COVID-1	19 pandemic?		
	, p. 0,0				- I'		
Yes							
If yes, indicate the	amount of funds	received and wh	at the funds were use	d for.			



11. Status of Construction

14. Program Performance

Planning

a. What is the current phase of the project?

O Design

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

Total State Funds Requested (must equal total from question #6)

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

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854,400

Escambia County received federal assistance related to the COVID-19 pandemic that was used for Family and Business economic loss, COVID-19 prevention and testing.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

Construction

12	List the owners of the facility to relationship between the owner	o receive, directly or indirectly, any fixed capital outlay funding. Includes of the facility and the entity.	ude the			
	This building is leased to the Florida Department of Health but Escambia County owns the building and is responsible for infrastructure.					
13.	Details on how the requested st	tate funds will be expended				
	Spending Category	Description	Amount			
	Administrative Costs:					
	Executive Director/Project Head Salary and Benefits		C			
	Other Salary and Benefits		C			
	Expense/Equipment/Travel/Supplies/Other		(
	Consultants/Contracted Services/Study		C			
(Operational Costs: Other					
	Salary and Benefits	Project management and administrative staff to oversee the project	56,960			
	Expense/Equipment/Travel/Supplies/Other		(
	Consultants/Contracted Services/Study		(
	Fixed Capital Construction/Majo	or Renovation:				
	Construction/Renovation/Land/ Planning Engineering	The design consultant and construction inspection services contract will be obtained through a professional services request for qualifications solicitation and construction services will be obtained through an invitation to bid solicitation.	797,440			

N/A

Yes

2024

2025

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

Receipt of this funding will allow the Florida Department of Health to continue service citizens of Escambia County.



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Design, construction, and inspection services for replacing the roof of the Escambia County Health Department.

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

Continued services relating to clinical and nutrition services, community health planning and statistics, emergency preparedness, environmental health, infectious disease services, wellness programs, overdose prevention, and minority health equity.

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

Citizens and visitors of Escambia County; thousands of citizens utilize the Escambia County Health Department for clinical and nutrition services, community health planning and statistics, emergency preparedness, environmental health, infectious disease services, wellness programs, overdose prevention, and minority health equity.

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

For these resiliency upgrades to insure services are not interrupted due to natural disasters, heavy rainfall, etc. A measurement of success is how quickly services can be provided to citizens after a natural disaster.

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 contract will have penalties for not performing services as agreed to in the contract scope of work. These penalties could include monetary penalties, negative evaluations for the firm, decreased likelihood of obtaining additional work in the future, or if severe enough, criminal prosecution.

15. Requester Contact	t Informati	on		
a. First Name	Wes		Last Name	Moreno
b. Organization	Escambia	County		
c. E-mail Address	wjmoreno@myescambia.com			
d. Phone Number	(850)595	4900	Ext.	
16. Recipient Contact	Informatio	on		
a. Organization	Escambia Commissi	a County Board o	f County	
b. Municipality and	d County	Escambia		
c. Organization Ty	ре			
□For Profit Entity				
□Non Profit 501(c)(3)				
□Non Profit 501(c)(4)				
☑Local Entity	☑Local Entity			
□University or College				
□Other (please specify)				
d. First Name	Robert		Last Name	Hogan



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17. Lobbyist Contact Information

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