

LFIR # 1828

4 Duelect Title	Class County Fire Of the Work			
1. Project Title	Clay County Fire Station #21			
2. Senate Sponsor	Jennifer Bradley			
3. Date of Request	11/12/2023			
4. Project/Program De	escription			
with Emergency Ser	d to help construct a new Fire Stativices Consulting, Inc. (ESCI) to pre Services. The County's population	pare a 20 vear Evaluation	n and Master Plan for	Fire Protection and
5. State Agency to red	ceive requested funds Depa	rtment of Financial Servic	es	
State Agency conta				
	ecurring Request for Fiscal Year			
Type of Funding		Amou		
Operations			750,000	
Fixed Capital Outlay Total State Funds F			750,000 750,000	
•	or Fiscal Year 2024-2025 (includi			t)
Type of Funding	equested (from question #6)	750,000	Percentage 14%	
Matching Funds	equested (IIOIII questioii #0)	750,000	14 /0	
Federal		0	0%	
	amount of this request)	0	0%	
Local		4,550,000	86%	
		· · · .		
Other		0	0%	
	for Fiscal Year 2024-2025	5,300,000	100%	
Total Project Costs	for Fiscal Year 2024-2025 eviously received state funding?			
Total Project Costs B. Has this project pre		5,300,000		
Total Project Costs	eviously received state funding?	No Specific	100%	
Total Project Costs 8. Has this project pre Fiscal Year (уууу-уу)	Amount Recurring Nonrecurring	5,300,000 No Specific Appropriation #	100%	
Total Project Costs 3. Has this project pre Fiscal Year (уууу-уу)	Amount Recurring Nonrecurring	No Specific	100%	
Total Project Costs 8. Has this project pre Fiscal Year (уууу-уу) 9. Is future funding like	Amount Recurring Nonrecurring	5,300,000 No Specific Appropriation #	100%	
Total Project Costs 8. Has this project pro Fiscal Year (уууу-уу) 9. Is future funding like a. If yes, indicate ne	Amount Recurring Nonrecurring kely to be requested?	Specific Appropriation #	100%	
Total Project Costs 8. Has this project pro Fiscal Year (уууу-уу) 9. Is future funding like a. If yes, indicate ne	Amount Recurring Nonrecurring cely to be requested? conrecurring amount per year.	Specific Appropriation #	100%	
Total Project Costs 8. Has this project pre Fiscal Year (уууу-уу) 9. Is future funding like a. If yes, indicate news.	Amount Recurring Nonrecurring cely to be requested? conrecurring amount per year. surce of funding that can be used	Specific Appropriation # No No No In lieu of state funding.	Vetoed	
Total Project Costs B. Has this project pro Fiscal Year (уууу-уу) D. Is future funding like a. If yes, indicate no	Amount Recurring Nonrecurring cely to be requested? conrecurring amount per year.	Specific Appropriation # No No No In lieu of state funding.	Vetoed	pandemic?
Total Project Costs 3. Has this project pro Fiscal Year (уууу-уу) 5. Is future funding like a. If yes, indicate no	Amount Recurring Nonrecurring cely to be requested? conrecurring amount per year. surce of funding that can be used	Specific Appropriation # No No No In lieu of state funding.	Vetoed	pandemic?



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The County received CARES, ARPA, and COVID-19 related grant funding for a broad range of public health and economic recovery projects related to the pandemic.

CARES - \$38,257,783 ARPA - \$42,587,131

11. Status of Construction

Planning

a. What is the current phase of the project?

Design

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

Complete questions 11 and 12 for Fixed Capital Outlay Projects

Construction

c. What is the estimated start date of construction?		07/01/2024	
d. What is the estimated completion	on date of construction?	06/30/2025	
2. List the owners of the facility to relationship between the owners	receive, directly or indirec s of the facility and the enti	tly, any fixed capi ty.	tal outlay funding. Include the
The Clay County Board of County	Commissioners will own the	facility and receive	e any fixed capital outlay funding.
3. Details on how the requested state	te funds will be expended		
Spending Category		Description	Amount
Administrative Costs:			
Executive Director/Project Head Salary and Benefits			C
Other Salary and Benefits			(
Expense/Equipment/Travel/Supplies/ Other			C
Consultants/Contracted Services/Study			(
Operational Costs: Other			
Salary and Benefits			
Expense/Equipment/Travel/Supplies/ Other			(
Consultants/Contracted Services/Study			(
Fixed Capital Construction/Major	Renovation:		
Construction/Renovation/Land/ Planning Engineering	Design and construction for l	Fire Station #21	750,000
Total State Funds Requested (mus	st equal total from questio	n #6)	750,000
4. Program Performance a. What specific purpose or goal	will be achieved by the fu	nds requested?	
Construction of Fire Station #21 in	n Clay County		
b. What activities and services w	vill be provided to meet the	intended purpos	e of these funds?
The fire station will provide a broa	d range of public safety serv	vices for all citizens	of Clay County.

N/A

No



LFIR # 1828

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

The project will improve response times for Public Safety, EMS, and Fire Prevention and Mitigation, etc. with faster service to the area previously serviced by a station a further distance away.

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

All of Clay County, Florida population (218,245) and specifically the neighborhoods in the station's service area.

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

Faster emergency response times and greater capacity to serve the needs of Clay County's growing population will be direct benefits of this project. Emergency response times are recorded and will be used as part of the methodology to measure success.

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 local government is responsible for conforming with all federal and state regulations governing the program. All local governments must comply with federal regulations and certify that, if funded, they will comply with all applicable laws and requirements.

15. Requester Contact Information				
a. First Name	Betsy Last Name Condon		Condon	
b. Organization	Clay County Board of County Commissioners			
c. E-mail Address	betsy.condon@claycountygov.com			
d. Phone Number	(904)284	-6394	Ext.	
16. Recipient Contact Information				
a. Organization	Clay County Board of County Commissioners			
b. Municipality and	d County	Clay		
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	Charlie		Last Name	Latham
e. E-mail Address	charles.latham@claycountygov.com			
f. Phone Number	f. Phone Number (904)529-5269			



LFIR # 1828

a. Name	Mercer Fearington Jr.
b. Firm Name	The Southern Group
c. E-mail Address	fearington@thesoutherngroup.com
d. Phone Number	(850)671-4401