

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

LFIR # 1921

| i. Project Title                         | NCSO K-9 UNIT                                 | Regional Trainin                         | ig racility                                       |   |   |  |
|--|---|--|---|---|---|--|
| 2. Senate Sponsor                        | Clay Yarborough                               | ı  |   |   |   |  |
| 3. Date of Request                       | 11/07/2023                                    |  |   |   |   |  |
| 4. Project/Program D                     | escription                                    |  |   |   |   |  |
| The construction o training of K-9 Units | f the Nassau County<br>s of the Nassau Cou    | y Sheriff's Office<br>nty Sheriff's Offi | K-9 Unit Regional Trainice as well other regional | ng Center. This facil<br>law enforcement ag | lity will serve in the gencies in the regio |  |
| 5. State Agency to re                    | eceive requested fu                           | ı <b>nds</b> Depa                        | rtment of Law Enforcement                         | ent   |   |  |
| State Agency cont                        | acted? No                                     | •  |   |   |   |  |
| 6. Amount of the Nor                     | nrecurring Request                            | for Fiscal Year                          | · 2024-2025                                       |   |   |  |
| Type of Funding                          |   |  | Amo   | Amount                                      |   |  |
| Operations                               |   |  |   | 50,400                                      |   |  |
| Fixed Capital Outla                      | у   |  |   | 807,006                                     |   |  |
| <b>Total State Funds</b>                 | Requested                                     |  |   | 857,406                                     |   |  |
| Type of Funding                          |   | ,  | Amount  | Percentage                                  | ,   |  |
| Total State Funds F                      | Requested (from que                           | estion #6)                               | 857,406   | 100%  |   |  |
| <b>Matching Funds</b>                    |   |  |   |   |   |  |
| Federal                                  |   |  |   | 0%  |   |  |
| State (excluding the                     | State (excluding the amount of this request)  |  |   | 0%  |   |  |
| Local                                    |   |  |   | 0%  |   |  |
| Other                                    |   |  | 0   | 0%  |   |  |
| <b>Total Project Cost</b>                | Total Project Costs for Fiscal Year 2024-2025 |  |   | 100%  |   |  |
| 8. Has this project p                    | reviously received                            | state funding?                           | No  |   |   |  |
| Fiscal Year                              | Ame   | Amount                                   |   | Vetoed                                      |   |  |
| (уууу-уу)                                | Recurring                                     | Nonrecurrin                              | g Appropriation #                                 |   |   |  |
|  |   |  |   |   |   |  |
| 9. Is future funding I                   | ikely to be request                           | ed?                                      | No  |   |   |  |
| a. If yes, indicate                      | nonrecurring amou                             | ınt per year.                            |   |   |   |  |
| b. Describe the so                       | ource of funding the                          | at can be used                           | in lieu of state funding                          |   |   |  |
| No known sources                         | s at this time.                               |  |   |   |   |  |
| 10. Has the entity red                   | questing this proje                           | ct received any                          | federal assistance rela                           | ated to the COVID-1                         | 19 pandemic?                                |  |
| Yes                                      |   |  |   |   |   |  |
| If yes, indicate the                     | e amount of funds                             | received and w                           | hat the funds were use                            | d for.                                      |   |  |
| Funds received from                      | om Nassau County E                            | Board of County                          | Commissioners                                     |   |   |  |



11. Status of Construction

Planning

a. What is the current phase of the project?

O Design

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

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

N/A

No

**LFIR # 1921** 

### Complete questions 11 and 12 for Fixed Capital Outlay Projects

Construction

| c. What is the estimated start da                                    | te of construction?  | Sept. 2024 Approx                        |            |
|--|--|--|------------|
| d. What is the estimated comple                                      |  |  |            |
| 12. List the owners of the facility to relationship between the owne | o receive, directly or indirects of the facility and the ent   | tly, any fixed capital outlay funding. I | nclude the |
| Nassau County Sheriff's Office-<br>Nassau County Board of County     | Operating Agency<br>Commissioners- Facility Ow   | ner                                      |            |
| 3. Details on how the requested st                                   | ate 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/<br>Other                          |  |  | 0          |
| Consultants/Contracted<br>Services/Study                             | VRL Architects, Inc. is the designer and provides construction oversight during the requested project. |  | 50,400     |
| Operational Costs: Other   |  |  |            |
| Salary and Benefits  |  |  | 0          |
| Expense/Equipment/Travel/Supplies/<br>Other                          |  |  | 0          |
| Consultants/Contracted<br>Services/Study                             |  |  | 0          |
| <b>Fixed Capital Construction/Majo</b>                               | r Renovation:  |  |            |
| Construction/Renovation/Land/<br>Planning Engineering                | Site work, permitting, and co  | enstruction costs                        | 807,006    |
| <b>Total State Funds Requested (m</b>                                | ust equal total from questic   | on #6)                                   | 857,406    |
| 4. Program Performance  a. What specific purpose or go               | al will be achieved by the fu  | inds requested?                          |            |
| The construction of the Nassau                                       | County Sheriff's Office K-9 Ro   | egional Training Facility.               |            |
|  |  | e intended purpose of these funds?       |            |
|  |  |  |            |

The ability to train with regional agencies and develop various skills necessary to be an effective K-9 Unit in Nassau

County and under mutual aid agreements with other counties.

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



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

**LFIR # 1921** 

Apprehending criminals at large who could be a danger to society and tracking persons with mental handicaps, autism, and missing persons. Additionally, the K-9's are used for detection of illegal narcotics which is essential to keeping dangerous drugs off of the street and in schools. Proper detection training helps prevent overdoses and overdose related deaths.

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

Elderly persons, persons with poor mental health, persons with poor physical health, at risk youth, developmentally disabled, physically disabled, drug users, preschool students, grade school students, high school students, university/college students, currently or formerly incarcerated persons, drug offenders, victims of crime. Based upon the above classifications, its expected thousands will be served.

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

Apprehending criminals at large who could be a danger to society and tracking persons with mental handicaps, autism, and missing persons. Additionally, the K-9's are used for detection of illegal narcotics which is essential to keeping dangerous drugs off of the street and in schools. Proper detection training helps prevent overdoses and overdose related deaths.

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?

Per day monetary penalty for delays after due date of the deliverables. 15. Requester Contact Information Last Name Leeper William a. First Name Nassau County Sheriff's Office b. Organization c. E-mail Address | bleeper@nassauso.com **d. Phone Number** (904)548-4069 Ext. 16. Recipient Contact Information Nassau County Sheriff's Office a. Organization **b. Municipality and County** Nassau c. Organization Type □For Profit Entity □Non Profit 501(c)(3) □Non Profit 501(c)(4) □Local Entity □University or College ☑Other (please specify) Office of Sheriff (Nassau County) Last Name Patterson d. First Name Robin e. E-mail Address | rpatterson@nassauso.com

**f. Phone Number** (904)548-4024



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

LFIR # 1921

| 17. Lobbyist | Contact | Inform | nation |
|--------------|---------|--------|--------|
|--------------|---------|--------|--------|

| a. Name           | None |
|-------------------|------|
| b. Firm Name      |      |
| c. E-mail Address |      |
| d. Phone Number   |      |