



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2224

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Install a county-wide emergency communication system with embedded interoperability standards and functions to enable communications across multiple departments and agencies.

5. State Agency to receive requested funds

State Agency contacted?  No

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	3,000,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>3,000,000</b>

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	3,000,000	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 2024-2025</b>	<b>3,000,000</b>	<b>100%</b>

8. Has this project previously received state funding?  No

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

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.

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.



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\$16.6M -Public health protection, public safety reimbursement, road construction, and utility infrastructure expansion.

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

### 11. Status of Construction

a. What is the current phase of the project?

- Planning    
  Design    
  Construction    
  N/A

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

No

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

### 13. 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	Install a county-wide emergency communication system with embedded interoperability standards and functions to enable communications across multiple departments and agencies.	3,000,000
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>3,000,000</b>

### 14. Program Performance

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

Install a county-wide emergency communication system with embedded interoperability standards and functions to enable communications across multiple departments and agencies.

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



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Install communication components and configure system to have optimum portable coverage across the county; test all facets of communication capabilities; and insert system into active use.

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

Facilitates first responder communications to ensure safety of responders and general public; and enable efficient communication across all areas of Suwannee County.

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

All citizens and visitors within Suwannee County.

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

1. Facilitates first responder communications to insure safety of responders and general public. As measured by - system testing in all grid sections of the county for full communications coverage.
2. Enable efficient communication across all parts/areas of Suwannee County. As measured by - response to 911 service calls.
3. Establish interoperable communication between and among departments and agencies during normal operations and emergency events of all types. As measured by - communications test across departments and other agencies or entities within the county.

**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?**

All funding would be returned for incomplete deliverables.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. 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**



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e. E-mail Address

f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number