

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

LFIR # 2825

1.	Project Title	Liberty County S	Sheriff's Office V	ehicle Acqui	sition			
2.	Senate Sponsor	Corey Simon						
3.	Date of Request	01/05/2024						
4.	Project/Program Do	escription						
	The Liberty County vehicles. This fundir	Sheriff's Office is reng would purchase	equesting fundin new vehicles an	g in the amo d replace an	unt of \$300, aging fleet	000.00 to purchase with mechanical pro	law enforcement blems.	
5.	State Agency to re	ceive requested fu	ı nds Depa	rtment of La	w Enforcem	ent		
	State Agency conta	acted? No						
6. <i>i</i>	Amount of the Non	recurring Request	for Fiscal Year	2024-2025				
	Type of Funding	Type of Funding				Amount		
	Operations					300,000		
	Fixed Capital Outlay					0		
	Total State Funds	Requested				300,000		
7.	Total Project Cost f	or Fiscal Year 202	4-2025 (includi	ng matchin	g funds ava	ilable for this proj	ect)	
	Type of Funding			Amo	unt	Percentage		
	Total State Funds R	equested (from que	estion #6)		300,000	100%		
	Matching Funds							
	Federal				0	0%		
	State (excluding the	amount of this requ	uest)		0	0%		
	Local				0	0%		
	Other				0	0%		
	Total Project Costs	s for Fiscal Year 20	024-2025		300,000	100%		
8.	Has this project pro	eviously received	state funding?	No				
				6.	a aifia	Vetoed		
	Fiscal Year (уууу-уу)	Amo Recurring	Nonrecurrin	Annro	ecific priation #	vetoeu		
				Annro	priation #	vetoeu		
9.		Recurring	Nonrecurrin	Annro	priation #	vetoeu		
9.	(уууу-уу)	Recurring kely to be requeste	Nonrecurrin	g Appro	priation #	vetoeu		
9.	(yyyy-yy) Is future funding lil	Recurring kely to be requested on recurring amou	Nonrecurrin ed? int per year.	Mo Appro	priation #			
9.	(yyyy-yy) Is future funding lil a. If yes, indicate n	Recurring kely to be requested on recurring amou	Nonrecurrin ed? int per year.	Mo Appro	priation #			
	(yyyy-yy) Is future funding lil a. If yes, indicate n b. Describe the sou	Recurring kely to be requeste onrecurring amou	Nonrecurrin ed? int per year. at can be used	No No In lieu of sta	priation #		19 pandemic?	
	(yyyy-yy) Is future funding lil a. If yes, indicate n b. Describe the sou I. Has the entity req	Recurring kely to be requested on recurring amount of funding the uesting this projection.	Nonrecurrin ed? int per year. at can be used ct received any	No No in lieu of start federal ass	ate funding	ated to the COVID-	19 pandemic?	
	(yyyy-yy) Is future funding lil a. If yes, indicate n b. Describe the sou	Recurring kely to be requested on recurring amount of funding the uesting this projection.	Nonrecurrin ed? int per year. at can be used ct received any	No No in lieu of start federal ass	ate funding	ated to the COVID-	19 pandemic?	



11. Status of Construction

14. Program Performance

Planning

a. What is the current phase of the project?

Design

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

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 \bigcirc N/A

No

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Complete questions 11 and 12 for Fixed Capital Outlay Projects

Construction

c. What is the estimated start da	e of construction? Not Kn	iown	
d. What is the estimated comple	ion date of construction? Not Kn	nown	
12. List the owners of the facility to relationship between the owne	receive, directly or indirectly, any f is of the facility and the entity.	ixed capital outlay funding. Inclu	de the
Liberty County			
13. Details on how the requested st	ate funds will be expended		
Spending Category	Descript	tion	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	Replace emergency vehicles that are causing funding issues.	consistently breaking down and	300,000
Consultants/Contracted Services/Study			0
Fixed Capital Construction/Majo	Renovation:		
Construction/Renovation/Land/ Planning Engineering			0
Total State Funds Requested (m	ust equal total from question #6)		300,000

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

Improved safety of First Responders and citizens within Liberty County. Liberty County needs more up to date and reliable vehicles to respond to emergency calls to assist citizens.

The Liberty County Sheriff's Office serves as the front line defense for our community, and our ability to provide rapid assistance can mean the difference between life and death. By allocating the necessary funds for this emergency vehicle project, we are making an investment in the safety and security of our constituents. It will enhance the Sheriff's Office

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

capacity to handle emergencies efficiently, minimize risks, and maintain public trust.

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



a. Name

None

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First responder services with newer reliable vehicles to better serve the citizens of Liberty County and the State of Florida during emergencies.

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

All citizens in Liberty County and the State of Florida. The Liberty County Sheriff's Office serves approximately 8,000 citizens in Liberty County. However, we also serve an additional twelve counties by conducting drug enforcement operations as a part of North Star Multijurisdictional Drug Task Force.

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

Improve first responders response times and reduces the possibility of mechanical issues during response. Additionally, with all Liberty County deputies having improved vehicles, this will give deputies improved coverage county and possibly state wide during emergencies, while also transporting citizens anywhere within the State of Florida

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?

We would have the expectation of funds being held until in compliance. 15. Requester Contact Information a. First Name Robert "Dusty" Last Name | Arnold b. Organization Liberty County Sheriff's Office c. E-mail Address | darnold@libertycountysheriff.org **d. Phone Number** (850)643-2235 Ext. 16. Recipient Contact Information a. Organization Liberty County Sheriff's Office b. Municipality and County | Liberty 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 Robert "Dusty" Last Name | Arnold e. E-mail Address | darnold@libertycountysheriff.org f. Phone Number (850)643-2235 17. Lobbyist Contact Information



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b. Firm Name	
c. E-mail Address	
d. Phone Number	