

LFIR # 3655

| 1. Project Title | Volusia County and Expansion | Emergency Ope | eratio | ns Center Efficiency | Improvements | | |
|--|--|-------------------|-----------------|-----------------------------|--|--|--|
| 2. Senate Sponsor | Travis Hutson | | | | | | |
| 3. Date of Request | 01/18/2024 | | | | | | |
| 4. Project/Program Des | cription | | | | | | |
| for occupants | of the project incl | udes providing a | a faci . The | lity which serves as | a dual-prupose sa ates response and | feroom and training area recovery operations for | |
| 5. State Agency to rece State Agency contact | • | Inds Divis | sion o | f Emergency Manag | ement | | |
| 6. Amount of the Nonre | curring Request | for Fiscal Yea | r 202 | 4-2025 | | _ | |
| Type of Funding | | | | Amo | unt | | |
| Operations | | | | 0 | | | |
| Fixed Capital Outlay | Fixed Capital Outlay | | | 4,250,000 | | | |
| Total State Funds Re | equested | | | | 4,250,000 | D | |
| 7. Total Project Cost for | r Fiscal Year 202 | 4-2025 (includ | lina n | natching funds ava | ilable for this pro | iect) | |
| Type of Funding | | , | | Amount | Percentage | , ,] | |
| Total State Funds Requested (from question #6) | | | | 4,250,000 | 92% | | |
| Matching Funds | | 56611 # 67 | | 1,200,000 | 027 | <u>s</u> | |
| Federal | | | | 0 | 0% | , o | |
| | State (excluding the amount of this request) | | | 0 | 0% | 7 | |
| Local | | | | 360,000 | 8% | | |
| Other | | | | 0 | 0% | , | |
| Total Project Costs f | or Fiscal Year 2 | 024-2025 | | 4,610,000 | 100% | D | |
| 8. Has this project prev | riously received | state funding? | > | No | | | |
| Fiscal Year (уууу-уу) | Amount Recurring Nonrecurring | | na | Specific Appropriation # | Vetoed | | |
| | | 1101110001111 | -5 | | | | |
| 9. Is future funding like a. If yes, indicate not b. Describe the sour | nrecurring amou | ınt per year. | | No eu of state funding. | | | |



10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

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| Yes | | | | |
|--|---|---------------------------|-----|-----------|
| If yes, indicate the amount of fu | ınds received and what the f | unds were used for. | | |
| Volusia County has received fun- have been utilized in response to businesses, and food banks and Volusia County has received app | the pandemic including assist | ance to individuals, | ds | |
| Complete questions 11 a | nd 12 for Fixed Cap | ital Outlay Proje | cts | |
| 11. Status of Construction | | | | |
| a. What is the current phase of | the project? | | | |
| Planning • Design | ○ Construction ○ N/A | 1 | | |
| b. Is the project "shovel ready" | (i.e permitted)? | No | | |
| c. What is the estimated start da | ate of construction? | 2024 | | |
| d. What is the estimated comple | Not available at this time. | | | |
| County of Volusia is both the factors. 13. Details on how the requested s | cility owner and the entity. | | | |
| Spending Category | | Description | | Amount |
| Administrative Costs: | | | | |
| Executive Director/Project Head Salary and Benefits | | | | C |
| Other Salary and Benefits | | | | (|
| Expense/Equipment/Travel/Supplies/ | | | | C |
| Consultants/Contracted Services/Study | | | | C |
| Operational Costs: Other | | | · | |
| Salary and Benefits | | | | C |
| Expense/Equipment/Travel/Supplies/ Other | | | | C |
| Consultants/Contracted Services/Study | | | | C |
| Fixed Capital Construction/Major | or Renovation: | | | |
| Construction/Renovation/Land/ Planning Engineering | Funds will be utilized to pay contractor for the construction of the EOC expincludes an estimated additional contraction. | ansion. The total cost of | | 4,250,000 |



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

4,250,000

14. Program Performance

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

In an effort to create culture of resiliency throughout Volusia County and meet the growing population, Volusia County is

need of funding for an expanded EOC. Funding the EOC expansion project will greatly enhance coordination between partner agencies in all phases of activation. This additional space is also pivotal due to the Memorandum of Understanding

(MOU) entered by and between the Florida Division of Emergency Management and Volusia County for the purpose of temporary use of the Volusia County EOC from June 2022 through December 2025 for the purpose of conducting State emergency management operations. According to the MOU, the state will need working space for at least 80 individuals.

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

The facility is expected to provide multi-purpose support to emergency response personnel. Daily operations include: the facilitation of meetings, trainings, and exercises. In the event of a disaster, the facility is expected to serve as resting quarters

for emergency response personnel so that they may safley and effectively resume response efforts.

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

The emergency operations center will help to protect lives, welfare, and property of all stakeholders within Volusia County and

surrounding areas by providing excellent service in the event of natural or other hazards through the effective use of current

techniques in emergency management.

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

The targeted poputlation that will be served by this project is energency response personnel and emergency management

partners. The facility is expected to serve a total of 70 individuals at one time. In addition, the target population is the citizens

and visitiors of Volusia County. The expansion will seek to further the regional cooperation between the county and local municipalities during times of activation and normal operations.

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

The saferoom in this project would provide additional saferoom space for 70 people to include bunk space and restroom facilities. This additional space would require ground disturbance with excavation up to 4 feet for the foundation. The saferoom itself would measure to approximately 4, 500 square feet and constructed using reinforced concrete walls and internal steel framing to withstand wind velocities of 180 mph. Moreover, the construction of the saferoom/ training space would meet the standards as outlined in FEMA 361 and the ICC 500. To meet "Green Initiative" the saferoom/ training space would also be equipped with solar panels on the rooftop to reduce the buildings carbon footprint

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?

This project will expand Volusia County's capacity to host emergency management related classes, trainings, and preparedness seminars. Volusia County will be able to quantify the number of preparedness activities and outreach events to

take place, as well as the number of partners that can be accomodated during an activation.

15. Requester Contact Information

| | | 1 | |
|---------------|-------|------------------|--------|
| a. First Name | Clint | Last Name | Mecham |



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| b. Organization | County of Volusia | | | | |
|------------------------|---------------------|-----------|-------|--|--|
| c. E-mail Address | cmecham@volusia.org | | | | |
| d. Phone Number | (386)254-1500 | Ext. | 11505 | | |
| 16. Recipient Contact | Information | | | | |
| a. Organization | County of Volusia | | | | |
| b. Municipality and | d County Volusia | | | | |
| c. Organization Ty | ре | | | | |
| □For Profit Entity | | | | | |
| □Non Profit 501(d | :)(3) | | | | |
| □Non Profit 501(d | :)(4) | | | | |
| ☑Local Entity | | | | | |
| □University or Co | llege | | | | |
| □Other (please s | pecify) | | | | |
| d. First Name | Laura | Last Name | Laser | | |
| e. E-mail Address | llaser@volusia.org | | | | |
| f. Phone Number | (386)736-5967 | | | | |
| 17. Lobbyist Contact I | nformation | | | | |
| a. Name | None | | | | |
| b. Firm Name | | | | | |
| c. E-mail Address | | | | | |
| d Phone Number | | | | | |