



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1612

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Create a Safety Security and Emergency Management stand-alone center as a central point of all safety, security and emergency management communications.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	350,000
Fixed Capital Outlay	400,000
Total State Funds Requested	750,000

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	750,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2026-2027	750,000	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

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

9. Is future-year funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



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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?

09/01/2026

d. What is the estimated completion date of construction?

12/31/2026

e. What funding stream will be used for ongoing operations and maintenance of the project?

General Funds

11. 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.

The School Board of Osceola County - The Owners

12. Details on how the requested state 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/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Salary and benefits for staff to cover three eight-hour shifts to monitor the center. Salaries are only being requested for the first year.	350,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Renovation of an existing space that will serve as the operations center. This includes the addition of data, electric, as well as the backup systems needed in the event of an emergency, such as a dedicated generator and an alternate data line.	400,000
Total State Funds Requested (must equal total from question #6)		750,000

13. Program Performance

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

We will convert an existing space within Safety, Security and Emergency Management (SSEM) for three eight-hour shifts that operate as the eyes and ears for the school district.

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

We currently operate approximately 8,000 security cameras across our school board owned buildings and property. We also operate an online security overlay on our student network, which flags critical situations that would require in school or after-hours wellness checks for students.



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

The number of facilities owned and operated by the school district, as well as the geography of Osceola County, and in the spirit of operating more efficiently with our law enforcement partners, requires a fully operational 24/7/365 security operations center. Our response times will be greatly improved.

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

All students and staff of Osceola County (65,000 students).

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

We will measure the results by the improvement in response times in an emergency.

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 in the contract?

Return of funds, as well as liquidated damages.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

a. If Yes, what phase best describes the project?

- ☐ Mitigation (reducing or eliminating potential loss of life or property)
- ☐ Response (addressing the immediate and short-term effects of a natural disaster)
- ☐ Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No



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☐ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name Last Name
b. Organization
c. E-mail Address
d. Phone Number Ext.

18. 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) School District

d. First Name Last Name
e. E-mail Address
f. Phone Number Ext.

19. Lobbyist Contact Information

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

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.