## Appropriations Project Request - Fiscal Year 2017-18

## For projects meeting the Definition of House Rule 5.14

- 1. Title of Project: Bomb Squad Rapid Response Vehicle Sheriff?s Foundation of Broward County, Inc.
- 2. Date of Submission: <u>02/07/2017</u>
- 3. House Member Sponsor: <u>Bobby DuBose</u> Members Copied:

## 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? <u>No</u> If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 (If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2017-18 (Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base wi result in the base recurring amount being converted to Nonrecurring.)		
Column:	А	В	С	D	E	F
Funds	Prior Year		Total Funds	Recurring Base	Additional	TOTAL Nonrecurring Request
Description:	Recurring	Prior Year	Appropriated	Budget	Nonrecurring	(Will equal the amount from the Recurring base in
	Funds	Nonrecurring		(Will equal non-	Request	Column D to be CONVERTED to Nonrecurring plus
		Funds	(Recurring plus	vetoed amounts		the Additional Nonrecurring Request in Column E.
			Nonrecurring:	provided in Column		These funds will be appropriated non-recurring if
			column A + column	A)		funded in the House Budget or the Final Conference
			B)			Report on the budget.)
Input					163,000	163,000
Amounts:						

5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2017-18? No5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Law Enforcement

- 6. Requester:
  - a. Name: <u>Juan Arias</u>
  - b. Organization: Sheriff's Foundation of Broward County Inc.
  - c. Email: jarias@sheriffsfoundationofbroward.org
  - d. Phone #: (954)326-3076

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Juan Arias
- b. Organization: Sheriff's Foundation of Broward County Inc.
- c. Email: jarias@sheriffsfoundationofbroward.org
- d. Phone #: (954)326-3076
- 8. If there is a registered lobbyist, fill out the lobbyist information below.
  - a. Name: Ronald Book
  - b. Firm: Ronald L. Book, P.A.
  - c. Email: <u>rana@rlbookpa.com</u>
  - d. Phone #: <u>(305)935-1866</u>

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: Sheriff's Foundation of Broward County, Inc.
- b. County (County where funds are to be expended): Broward
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, Miami-Dade, Monroe, Palm Beach

10. What type of organization is the entity that will receive the funds? (Select one)

O For Profit

• Non Profit 501(c) (3)

O Non Profit 501(c) (4)

O Local Government

O University or College O Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

The Bomb Squad Rapid Response Vehicle (RRV) will support the unit when responding to Bomb calls within Broward County, as well as, Dade and Palm Beach Counties as part of the Regional Domestic Security Task Force 7. The Broward Sheriff?s Bomb Squad during the course of 2016 handled 250 calls for service relating to suspicious packages/devices, dignitary K-9 sweeps and special events. This RRV will assist with response time to EOD calls, but also assist with maneuvering through traffic.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category
Administrative Costs:		
□a. Executive Director/Project Head Salary and Benefits		
□b. Other Salary and Benefits		
□c. Expense/Equipment/Travel/Supplies/Other		
□d. Consultants/Contracted Services/Study		
Operational Costs:		
□e. Salaries and Benefits		
Øf. Expenses/Equipment/Travel/Supplies/Other	Bomb Squad Rapid Response Vehicle	163,000
□g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
□h. Construction/Renovation/Land/Planning Engineering		

TOTAL	163,000	

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

<u>N/A</u>

14. Is the project request an information technology project? No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

<u>Yes</u>

15a. Please Describe:

Broward Sheriff?s Office has identified the need for a rapid response vehicle for the SWAT Explosive Ordnance Disposal (EOD) Team. This would allow first responders to respond to bomb/explosive calls faster and more efficiently.

- 16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served? <u>No</u>
- 17. Will the requested funds be used directly for services to citizens? Yes
  - 17a. Describe the target population to be served. Select all that apply to the target population:

Elderly persons

- □Persons with poor mental health
- □Persons with poor physical health
- □Jobless persons
- Economically disadvantaged persons
- □At-risk youth
- □Homeless
- Developmentally disabled
- □Physically disabled
- □Drug users (in health services)
- □Preschool students

□Grade school students

□High school students

□University/college students

Currently or formerly incarcerated persons

□Drug offenders (in criminal Justice)

□Victims of crime

☑Other (Please describe): all citizens

17b. How many in the target population are expected to be served?

O< 25 O25-50 O51-100 O101-200 O201-400 O401-800 ⊙>800

## 18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select all that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
□Improve physical health		
□Improve mental health		
□Enrich cultural experience		
□Improve agricultural production/promotion/education		
□Improve quality of education		
□Enhance/preserve/improve environmental or fish and wildlife quality		
☑Protect the general public from harm (environmental, criminal, etc.)	Law enforcement preparedness	documented response by emergency agencies

□Improve transportation conditions		
□Increase or improve economic activity		
□Increase tourism		
Create specific immediate job opportunities		
□Enhance specific individual?s economic self sufficiency		
□Reduce recidivism		
□Reduce substance abuse		
Divert from Criminal/Juvenile justice system		
□Improve wastewater management		
□Improve stormwater management		
□Improve groundwater quality		
□Improve drinking water quality		
□Improve surface water quality		
ØOther (Please describe): Protect all citizens from terrorist	Law enforcement preparedness and	documented response by emergency
threats or attacks	rapid response	agencies

19. Provide the total cost of the project for FY 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	163,000	100.0%	N/A
2. Federal:	0	0.0%	No

3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	163,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

<u>No</u>