Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Clay County Live Fire Training Building

2. Date of Submission: <u>11/14/2017</u>

3. House Member Sponsor: Bobby Payne

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

a. Has funding been provided in a previous state budget for this activity? No If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E

- 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:

| FY: | Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.) | | | Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.) | | |
|-----------------------|---|-------------------------------------|--|--|---------------------------------|--|
| Column: | Α | В | С | D | E | F |
| Funds Description: | Prior Year Recurring Funds | Prior Year Nonrecurring Funds | Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B) | Recurring Base Budget (Will equal non- vetoed amounts provided in Column A) | Additional Nonrecurring Request | TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.) |
| Input Amounts: | | | | | 1,500,000 | 1,500,000 |

- 5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2018-19? No
 - 5a. If yes, which state agency?
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Law Enforcement
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Corrective action plans may be required for noncompliance, nonperformance or unacceptable performance under this Agreement. Financial penalties may be imposed for failures to implement or to make acceptable progress on such corrective action plans.

- a. Name: Stephanie Kopelousos
- b. Organization: Clay County Board of County Commisioners
- c. Email: Stephanie.Kopelousos@claycountygov.com
- d. Phone #: (904)675-1736
- 7. Contact for questions about specific technical or financial details about the project:
 - a. Name: Stephanie Kopelousos
 - b. Organization: Clay County Board of County Commisioners
 - c. Email: Stephanie.Kopelousos@claycountygov.com
 - d. Phone #: (904)675-1736
- 8. Is there a registered lobbyist working to secure funding for this project?
 - a. Name: Joe Mobly
 - b. Firm: The Fiorentino Group
 - c. Email: joe@thefiorentinogroup.com
 - d. Phone #: (904)866-3122
- 9. Organization or Name of entity receiving funds:
 - a. Name: Clay County Board of County Commesioners
 - b. County (County where funds are to be expended): Clay
 - c. Service Area (Counties being served by the service(s) provided with funding): Clay
- 10. What type of organization is the entity that will receive the funds? (Select one)
 - O For Profit
 - O Non Profit 501(c) (3)
 - O Non Profit 501(c) (4)
 - Local Government
 - O University or College

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

To construct a Live Fire Simulator that can be used for Multiple training scenarios by both Clay County Fire/Rescue and The Clay County Sheriff's Office with the goal of enhancing skills through joint training and in turn providing better service to the public.

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

| Spending Category | Description | Nonrecurring (Should equal 4d, Col. E) 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 | | |
| ☐f. Expenses/Equipment/Travel/Supplies/Other | | |
| □g. Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation: | | |
| ☑h. Construction/Renovation/Land/Planning Engineering | Construction of the Burn Building and improvements to the area around the building. | 1,500,000 |
| TOTAL | | 1,500,000 |

| 13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownershi will the facility be under when complete? (Select one correct option) OFor Profit ONon Profit 501(c) (3) ONon Profit 501(c) (4) OLocal Government (e.g., police, fire or local government buildings, local roads, etc.) OState agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system etc.) OOther (Please describe) |
|--|
| 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? No |
| 16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served? No |
| 17. Will the requested funds be used directly for services to citizens? Yes |
| 17a. What are the activities and services that will be provided to meet the purpose of the funds? The facility would provide a Live Fire Simulator that can be used for Multiple training scenarios by both Clay County Fire/Rescue and The Clay County Sheriff's Office. The Live Fire facility would be co-located with the regional gun range Clay County is constructing. The center would also be available to other county and state agencies for the purpose of training and personnel development. |
| 17b. Describe the direct services to be provided to the citizens by the funding requested. Citizens will be provided with better trained Public Safety personnel to attend to their needs. |
| 17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups."). Select all that apply to the target population: □Elderly persons □Persons with poor mental 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 | | |
| | ☐General (The majority of the funds will benefit no specific | c group) | |
| | ☑Other (Please describe): All citizens will benefit from bett | er trained Public Safety personnel. | |
| | | | |
| | 17d. How many in the target population are expected to be | served? | |
| | O< 25 | | |
| | O25-50 | | |
| | O51-100 | | |
| | O101-200 | | |
| | ⊙ 201-400 | | |
| | O401-800 | | |
| | O>800 | | |
| | | | |
| 18. | What benefits or outcomes will be realized by the expenditu | | |
| | Benefit or Outcome | Provide a specific measure of the benefit | Describe the method for measuring level |
| | | or outcome | of benefit |
| | □Improve physical health | | |
| | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | □Improve mental health | | |

 \square Persons with poor physical health

| □Enrich cultural experience | | |
|---|--|---|
| □Improve agricultural production/promotion/education | | |
| ☑Improve quality of education | Having most of the training either conducted in-house or performed in-house allows the agencies to maintain the highest standards and provides constant quality control. | Better test scores, fewer citizen complaints. |
| □Enhance/preserve/improve environmental or fish and wildlife quality | | |
| ☑Protect the general public from harm (environmental, criminal, etc.) | Better training for Firefighters and Law Enforcement will lower life and property loss both by fire and by crime. | Statistical Annalists |
| □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 | |
| □Other (Please describe): | |

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

| Type of Funding | Amount | Percent of Total | Are the other sources of funds guaranteed in writing? |
|---|-----------|------------------|---|
| Amount Requested from the State in this Appropriations Project Request: | 1,500,000 | 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 | 1,500,000 | 100% | |

20. Is this a multi-year project requiring funding from the state for more than one year? $\underline{\text{No}}$