



---

# **Government Operations & Technology Appropriations Subcommittee**

**Tuesday, January 16, 2018  
3:00 PM – 6:00 PM  
Morris Hall (17 HOB)**

## **Meeting Packet**



# The Florida House of Representatives

## Appropriations Committee

### Government Operations & Technology Appropriations Subcommittee

**Richard Corcoran**  
Speaker

**Blaise Ingoglia**  
Chair

#### AGENDA

Tuesday, January 16, 2018

17 HOB (Morris Hall)

3:00 p.m. - 6:00 p.m.

- I. Call to Order / Roll Call
- II. Opening Remarks
- III. Consideration of the following bill(s):
  - HB 4545 Jackson County Fire Rescue Station 22 by Drake
  - HB 4547 Wausau - New Fire House by Drake
- IV. Closing Remarks / Meeting Adjourned



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17

A bill to be entitled  
An act relating to the Appropriations Project titled  
Jackson County Fire Rescue Station 22; providing an  
appropriation; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Jackson County Fire Rescue Station 22 is an  
Appropriations Project as defined in The Rules of The Florida  
House of Representatives and is described in Appropriations  
Project Request 849, herein incorporated by reference.

Section 2. For fiscal year 2018-2019 the nonrecurring sum  
of \$150,000 from the Insurance Regulatory Trust Fund is  
appropriated to the Department of Financial Services to fund the  
Jackson County Fire Rescue Station 22 as described in  
Appropriations Project Request 849.

Section 3. This act shall take effect July 1, 2018.

# Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Jackson County Fire Rescue Station 22
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Brad Drake  
Members Copied:

## 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes  
***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? 2016-17
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- 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: A	B	C	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:		600,000	600,000		150,000	150,000

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 Financial Services
  - 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.  
N/A

6. Requester:

- a. Name: Pamela Pichard
- b. Organization: Jackson County Board of County Commissioners
- c. Email: ppichard@jacksoncountyfl.com
- d. Phone #: (850)482-9633

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Pamela Pichard
- b. Organization: Jackson County Board of County Commissioners
- c. Email: ppichard@jacksoncountyfl.com
- d. Phone #: (850)482-9633

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: David Bishop
- b. Firm: Southern Strategy and Solaris Consulting
- c. Email: dbishop@solarisconsult.com
- d. Phone #: (850)766-8384

9. Organization or Name of entity receiving funds:

- a. Name: Jackson County Board of County Commissioners
- b. County (County where funds are to be expended): Jackson
- c. Service Area (Counties being served by the service(s) provided with funding): Jackson

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

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

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

The Legislature provided funding to construct Fire Station 22. However, weather prevented the project from being completed timely and therefore not all funding could be utilized due to grant timelines. Approximately \$450,000 was utilized leaving \$150,000 that was not available due to the deadlines

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:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Completion of site development so structure can be built.	150,000
<b>TOTAL</b>		<b>150,000</b>

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

For Profit

- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (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?

Yes

15a. Please Describe:

Letters from corporate entities indicating a fire station built in this area would reduce their premiums for insurance by at least 50%.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

GSG completed a fire assessment in 2014 indicating additional needs of fire stations, personnel and equipment.

17. Will the requested funds be used directly for services to citizens?

No

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		



<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Fire Services and EMS	Dispatch of fire and EMS
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> 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?
1. Amount Requested from the State in this Appropriations Project Request:	150,000	16.7%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	150,000	16.7%	Yes
4. Local:	600,000	66.7%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>900,000</b>	<b>100%</b>	

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

No





# Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Wausau - New Fire House
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Brad Drake  
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: A	B	C	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)	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b> (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					985,500	985,500

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 Financial Services
  - 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.

The Town will award the contract through a bid process. The bid documents will provide documentation for liquidated damage costs for project

6. Requester:

- a. Name: Margaret Riley
- b. Organization: Town of Wausau
- c. Email: townofwausau@bellsouth.net
- d. Phone #: (850)703-9873

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Cliff Knauer
- b. Organization: Dewberry / Preble-Rish
- c. Email: cknauer@dewberry.com
- d. Phone #: (850)571-1253

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: Town of Wausau
- b. County (County where funds are to be expended): Washington
- c. Service Area (Counties being served by the service(s) provided with funding): Washington

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

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College

Other (Please describe)

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

There would be a new fire house for the Town of Wausau which would allow the Town to properly store, maintain, and secure their fire rescue equipment and vehicles. An increase in the level of fire rescue services including quicker response times and more reliable service to the residents. A decrease in the equipment maintenance costs due to proper storage and accessibility and a reduction in replacement costs due to a decrease in theft of equipment.

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
<b>Administrative Costs:</b>		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Funds will be spent to design the and construct the proposed fire house.	985,500
<b>TOTAL</b>		985,500

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

For Profit

Non Profit 501(c) (3)

Non Profit 501(c) (4)

Local Government (e.g., police, fire or local government buildings, local roads, etc.)

State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

Other (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?

Yes

15a. Please Describe:

A public workshop was held on 11/9/2017 prior to the scheduled council meeting. The Council unanimously made the decision to accept the proposed fire house design and proceed with applying for funding. The proposed fire house has been in discussions with the Town since 2011 when it was originally deemed a need by the Council. The fire department met and had direct input in the proposed layout and size of the building.

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?

Fire rescue and emergency management services will be provided to citizens.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Fire rescue, life saving services and emergency management services will be provided through the proposed fire house. In addition community services for non-profit will be provided such as fund raisers and community gatherings.



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
- 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
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

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

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
--------------------	--	--

<input checked="" type="checkbox"/> Improve physical health	Reduced fatalities due to improved rescue response times.	Determine whether there is a decrease in the number of fatalities or hospital visits in the area serviced by the proposed fire house.
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Decrease in the number of fatalities and damage of property.	Determine whether there is a decrease in the number of fatalities due to physical or environmental conditions and determine whether there is a decrease the amount of property damage due to house fires and natural disasters.
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Provide immediate construction and building trade job opportunities.	Throughout construction perform surveys to determine the number of workers employed by the construction of the fire house.
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		

<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> 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?
1. Amount Requested from the State in this Appropriations Project Request:	985,500	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
<b>TOTAL</b>	<b>985,500</b>	<b>100%</b>	

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

No