



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3400

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

This request is for the construction of a fourth bay door for Fire Station 28, which will serve Oviedo, Winter Springs, and Unincorporated Seminole County. The bay will allow for the housing of additional Fire equipment beyond the engine or emergency medical service vehicles. The fourth bay will expand the station for additional units to meet community demand, including but not limited to specialty rescue units, marine assets, peak-hour Advanced Life Support transport, or an aerial apparatus. Fire Station 28 is included in the County's long-term capital improvement plan/forecast, and is based on community need for additional fire services due to projected growth. The agreement between Seminole County Government and the City of Winter Springs for Fire and Emergency Medical services reflects that the County will construct Fire Station 28 to serve the growing community.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	600,000
Total State Funds Requested	600,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	600,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	600,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	1,200,000	100%

8. **Has this project previously received state funding?**

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

9. **Is future 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.**

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 funds received and what the funds were used for.

Seminole County Government received \$91.6 million in American Rescue Plan Act funds related to the COVID-19 pandemic.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. 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.

Seminole County Government is responsible for the direct administration of these funds in the form of construction costs associated with an additional bay door.

13. 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: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Construction costs associated with an additional bay door.	600,000
Total State Funds Requested (must equal total from question #6)		600,000

14. Program Performance

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



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

The addition of a fourth apparatus bay door to the current design of Fire Station 28 will allow for the housing of an additional and unique public safety apparatus (in addition to Fire/EMS vehicles). Vehicles related to water rescue, Advanced Life Support transport, or a larger Fire vehicles such as an Aerial Apparatus, will enhance public safety services to the residents in this area.

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

Additional and unique public safety services resulting from the housing of a marine vehicle, which will allow for water rescues, Advanced Life Support transport, or an Aerial Fire Apparatus, that are currently not housed in this area. Direct services to the community will be enhancements to public safety.

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

All Oviedo, Winter Springs, and Unincorporated Seminole County residents in this service area; thousands of individuals will benefit from this project.

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

Project benefits include: An additional apparatus will contribute towards faster response times, thereby improving physical health benefits and health outcomes (measurement of Fire/EMS response time and patient condition/outcomes); Decrease in SCFD response time, which should decrease if additional apparatus are housed in the area (measurement of Fire/EMS response time); Faster response times related to water rescues by housing a marine vehicle in the additional bay area (measurement of response time).

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?

Return of funds to state agency.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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)



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- Local Entity
- University or College
- Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number