



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1815

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Gainesville Fire Rescue (GFR) requests funds for the replacement of a 20+ year old HazMat/Command WMD/CBRNE response vehicle with a new mobile command and heavy rescue asset to enhance fire rescue capabilities and offer further value with excellent service as a Regional Hazmat Team for Florida's entire North Central Florida region covering the following counties: Alachua, Bradford, Union, Levy, Gilchrist, Dixie, Columbia, Lafayette, Suwannee, Hamilton, and Madison.

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	600,000
Fixed Capital Outlay	0
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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If yes, indicate the amount of funds received and what the funds were used for.

CARES \$2,107,023-PPE/COVID expenses/homeless food; CARES 5307 \$11,611,603-RTS buses; CESH DOJ \$207,151-Police Department; ARPA HOME \$15,750-homeless; ARPA FTA \$3,116,484-RTS buses; CRRSAA FTA \$15,000-transit supplement; ARPA \$16,204,402-housing, nonprofits, revenue replacement, urgent care clinic construction, violence intervention, vision zero, paramedicine, homelessness, & central receiving facility; CARES CDBG \$541,167-resident/business rent/mortgage/utilities; CARES 5311 \$38,015-ADA transit

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.

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	Regional Mobile Command/Hazmat Asset	600,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
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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Replacement of a 20+ year-old HazMat/Command WMD/CBRNE response vehicle which increases response capability for natural and man-made Incidents through Incident Command and HazMat response to a 13-county region (SERC Region 3). This regionally deployable asset will facilitate HazMat identification and containment and area command allowing early mitigation, a common operating picture, and minimizing the effects of such an attack reducing casualties, property damage, and recovery cost.

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

Gainesville Fire and Rescue will prepare for and respond to emergency incident scenes with the capability of providing technical support for hazardous materials releases, technical rescue, and/or an incident command presence. As an All-Hazards Fire Department, Gainesville Fire Rescue is tasked with protecting a wide range of local, state, and federal-owned critical infrastructure within our primary service area.

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

Response, mitigation, and management of various emergency types which also provides public safety sweeps and operational stand-by for special events and mass gatherings, suspicious and unattended package response. Gainesville Fire Rescue sits directly in the center of North Central Florida and serves as the hub of resources and services to surrounding communities as an All-Hazards Fire Department.

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

The project will benefit the general population in 12 counties.

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

Metrics will include the number of incidents that are responded to using this equipment.
*Protect the general public from harm; methodology include measuring the number of deployments and successful operations.

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?

We are confident that we will meet the stated outcomes and deliverables; however failure to utilize the funds in the specified manner shall result in funds being returned to the State.

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