



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2401

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Construct a new fire, rescue, ambulance, and law enforcement facility to serve the South Putnam County region. The current facility is an old car garage that is not hurricane rated, does not contain dormitory facilities, cannot hold all the apparatus and has no room for the law enforcement substation. The result will be providing better service to local residents for law enforcement, fire, ambulance and ems response. It will also facilitate an increase in our volunteer fire department recruitment of volunteers.

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	2,000,000
<b>Total State Funds Requested</b>	<b>2,000,000</b>

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)	2,000,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>2,000,000</b>	<b>100%</b>

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.

\$768,810 in ARPA Funding. Used for Water Main project design, fire hydrant repair/replace project, economic development incentives.

## 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)?

No

c. What is the estimated start date of construction?

January 2025

d. What is the estimated completion date of construction?

May 2025

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.

City of Crescent City

### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Architectural and engineering plans, survey work, and construction of the new facility.	2,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,000,000</b>

### 14. Program Performance

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

Provide space for an ambulance to be based in the city, provide dorm space for fire and ambulance personnel, provide space for our law enforcement offices, and increase volunteer firefighter recruitment.

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



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Improved emergency response services.

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

Improved emergency response services

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

City residents and residents of the South Putnam County region. Approximately 7,000.

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

Actual response time of ambulance, rescue and fire data from dispatch. Visible presence of law enforcement at the substation located right on US 17. Total number of volunteer fire fighter and EMT's annually.

**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?**

Standard contract penalties are sufficient.

**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)
  - Local Entity
  - University or College
  - Other (please specify) City
- d. First Name  Last Name
- e. E-mail Address
- f. Phone Number

**17. Lobbyist Contact Information**

- a. Name



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b. Firm Name

c. E-mail Address

d. Phone Number