



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1669

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Radio receiver for Project Lifesaver provides the Escambia Search and Rescue (ESAR) Land team an additional unit to supplement other units ESAR utilizes to locate autistic and persons with dementia very quickly, sometimes within minutes of arriving onsite. The underwater camera/drone will provide the ESAR Dive team a quick assessment of a target object, typically a drowning victim, to be identified prior to sending divers to recover the victim. This can significantly reduce critical search times and increase safety for the divers by not diving on targets that are debris or entanglement hazards and not the victim.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	15,500
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>15,500</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	15,500	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 2023-2024</b>	<b>15,500</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.

## 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

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
<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	Cost of radio receivers for Project Lifesaver programs - Approximately \$2,000 Cost underwater drone/camera and accessories - Approximately \$13,500	15,500
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>15,500</b>

### 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?**

Search and recovery of lost or drowned victims. The radio locator's for Project Lifesaver will complement existing units that have been proven to locate those souls most at risk that are enrolled in the program. The underwater drone will help identify unknown targets prior to using time limited by air supply of our divers and putting them at unnecessary risk in cold water and at greater depths where time is very limited.

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

Project Lifesaver is a program that ESAR trained individuals use that assists citizens, many times those with autism or dementia setup with the program to be located quickly using radio locator's beacons and receivers. Florida is a well known state that has an abundance of water recreation activities. The underwater camera/drone will be used by ESAR to assist in identifying target objects, typically drowning victims to be identified prior to sending divers to recover the victim. This can alert divers to hazards, reduce critical search times, and potentially avoid diving on objects that are not the victim.

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

Target population includes physically disabled, mentally disabled, persons with poor mental health, elderly persons, victims of crime, drowning victims. ESAR is a non-profit organization that supports our Region, mainly Escambia County, but also can and have provided support post 9-11, after hurricanes or flooding in other states and Counties.

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

This equipment will provide resources to more quickly locate lost people, often those that are elderly, young, mentally disabled, or have drowned. The measure of success is often whether the victims have been located or, sadly recovered after drowning. ESAR has a strong history of helping the community and locating and recovering victims. The equipment can substantially reduce the amount of time and increase safety during these 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?**

Funds can be withheld pending delivery of equipment. If funds are distributed, they can be returned if equipment is not purchased.

**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



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- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- 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**