



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2935

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Jacob City (City) does not have a fire truck to support the needs of the City, and to provide mutual aid to surrounding communities when necessary. The City is in the design phase of a new fire station and does not have a fire truck to provide first response calls. With these funds the City will purchase a fire truck that will support, not only the City of Jacob, but surrounding communities as well during times of need.

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                         | 350,000        |
| Fixed Capital Outlay               | 0              |
| <b>Total State Funds Requested</b> | <b>350,000</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)       | 350,000        | 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>350,000</b> | <b>100%</b> |

8. Has this project previously received state funding?

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>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?

If yes, indicate the amount of funds received and what the funds were used for.



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Cares Act: \$49,817 Used to buy a digital sign, touch-less sinks and toilets around the City, Verizon MiFi's, Computer, Gate for the park, Tablets.

ARPA: \$61,605 Used to buy a tractor, upgrades to their website for information to citizens.

## 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         |
|--|---|----------------|
| <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                                | Stock Mini Pumper/Brush Trucks/Rescue 300 gal, 1500 gpm | 350,000        |
| 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>350,000</b> |

### 14. Program Performance

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

Jacob City (City) does not have a fire truck to support the needs of the city and to provide mutual aid to surrounding communities when necessary. The City is in the design phase of a new fire station and currently doesn't have a fire truck to provide first response calls. With these funds the City will purchase a fire truck that will support not only the City of Jacob but surrounding communities as well during times of need.

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



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These funds for the Pumper Tanker Fire Truck will be used for emergencies pertaining to fires, accidents, natural disasters, and similar catastrophic events.

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

Timely First Response to calls for service with adequate and appropriate apparatus. By providing these services timely, efficiently, and adequately will certainly have a dramatic impact on the City's and the County's ISO rating.

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

Jackson County, approximately 47,000 residents.

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

Protection of life/property and rapid response times are essential to rural areas of Jackson County. Having the necessary equipment to do this is paramount. The most measurable outcome will be identified in the ISO ratings. The benefits will be measured by the number of call responses reported to the State and annual ISO evaluations.

**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?**

Repayment of funds to contracting agency for failure to meet deliverables or performance measures as outlined in the executed agreement.

**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)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**



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#### 17. Lobbyist Contact Information

|                   |   |
|-------------------|---|
| a. Name           | <input type="text" value="Sheila Knowles"/>             |
| b. Firm Name      | <input type="text" value="E.L.F. Associates"/>          |
| c. E-mail Address | <input type="text" value="SKnowles@ELFassociates.com"/> |
| d. Phone Number   | <input type="text" value="(850)933-0029"/>              |