



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1706

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

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	0
Fixed Capital Outlay	1,000,000
Total State Funds Requested	1,000,000

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)	1,000,000	9%
Matching Funds		
Federal	6,000,000	55%
State (excluding the amount of this request)	0	0%
Local	4,000,000	36%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	11,000,000	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?

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



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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)?

Yes

c. What is the estimated start date of construction?

July 1, 2023

d. What is the estimated completion date of construction?

December 15, 2024

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 Fruitland Park

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	Building Construction	1,000,000
Total State Funds Requested (must equal total from question #6)		1,000,000

14. Program Performance

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

More efficient and effective emergency response time allowing faster first responder treatment for those in need.

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

This facility will operate as the primary training and educational center for police, fire emergency medical services, all first responders and the public at-large.

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

Increased opportunities for education and informational programs for both employees and the public.



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

The public at-large.

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

The new facility will provide a greater degree of protection for the general public from harm associated with extreme weather-related events and other emergency situations. It will also provide the City of Fruitland Park the ability to send and receive information and respond faster to these type of events. Improved emergency response times, communication and protective measures to the city and surrounding areas.

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?

Failure to meet deliverables will result in the return of funds to the administering 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)
☒ 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



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d. Phone Number