

LFIR # 1965

1. Project Title	Ponce Inlet Fire Station Replac	ement Backup Gene	rator				
2. Senate Sponsor	Tom Wright						
3. Date of Request	02/22/2023						
4. Project/Program D	escription						
power for the Town' and EMS response Additionally, the futu exposing it to salt ai	e Inlet (Town) is requesting funding s fire station. The fire station is a 6 elements. The current generator is ure reliability of the unit is in question and extreme weather conditions. will provide reliable back-up power	,500 sq ft critical facil in excess of 20 year on due to the age of t	lity that houses the Toves old, and repairs are lending the unit and its location	wn's only fire suppression becoming more frequent. on the barrier island,			
	ceive requested funds Department	artment of Financial S	Services				
		artificiti of Fillancial C	Delvices				
State Agency conta	acted? No						
6. Amount of the Non	recurring Request for Fiscal Yea	r 2023-2024					
Type of Funding			Amount				
Operations			40,000				
Fixed Capital Outlay	/		0				
Total State Funds	Requested		40,00	0			
7. Total Project Cost f	for Fiscal Year 2023-2024 (includ	ing matching funds	available for this pro	oject)			
Type of Funding		Amount	Percentage				
Total State Funds R	Requested (from question #6)	40,	000 57%	<u>%</u>			
Matching Funds							
Federal			0 09	<u>%</u>			
State (excluding the	amount of this request)		0 09	<u>%</u>			
Local		30,	000 439	<u>%</u>			
Other			0 09	<u>%</u>			
Total Project Costs	s for Fiscal Year 2023-2024	70,	000 100%	%			
8. Has this project pro	eviously received state funding?	No					
Fiscal Year	Amount	Specific	Vetoed				
(уууу-уу)	Recurring Nonrecurring	ng Appropriation	ו #				
9. Is future funding lil	kely to be requested?	No					
a. If yes, indicate n	onrecurring amount per year.						
•	urce of funding that can be used	in lieu of state fund	ding.				
NA							
14/1							
10 Has the entity rea	upsting this project received an	v fodoral assistance	related to the COVID	0-19 nandemic?			



LFIR # 1965

0

0

40,000

40,000

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Υ	es		

11. Status of Construction

a. What is the current phase of the project?

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

Yes, funds were used for the purchase of PPE, disinfectant materials and public safety payroll. Total amount of funds - \$1,662,995

Complete questions 11 and 12 for Fixed Capital Outlay Projects

OPlanning ODesign	Construction		
b. Is the project "shovel ready"	(i.e permitted)?		
c. What is the estimated start d	ate of construction?		
d. What is the estimated comple	etion date of construction?		
2. List the owners of the facility to relationship between the owner.		ctly, any fixed capital outlay funding. I tity.	nclude the
3. Details on how the requested s	state funds will be expended	Description	Amount
Administrative Costs:			
Executive Director/Project Head Salary and Benefits			C
Other Salary and Benefits			C
Expense/Equipment/Travel/Supplies/			

14. Program Performance

Planning Engineering

Consultants/Contracted

Consultants/Contracted

Operational Costs: Other

Construction/Renovation/Land/

Expense/Equipment/Travel/Supplies/

Fixed Capital Construction/Major Renovation:

Services/Study

Services/Study

Salary and Benefits

Other

Other

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

Replacement of current 20-year-old backup generator and transfer switch.

Total State Funds Requested (must equal total from guestion #6)

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

Engineering consultation and project monitoring.

Purchase of equipment and installation.



I FIR # 1965

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	Purchase and installation of backup generator and associated transfer switch.							
	c. What direct services will be provided to citizens by the appropriation project?							
	Replacement back critical to maintaini	kup genera ing emerge	ator will ensure fi ency fire suppres	ire departmer ssion and EM	nt operat S operat	ions can continue ions.	in no-power situations. Power	is
	d. Who is the targ	et popula	tion served by t	this project?	How m	any individuals a	are expected to be served?	
	Residents of Pond	ce Inlet, ap	proximately, 3,5	00 to 5,000, i	including	commercial and	mercantile property.	
	e. What is the exp be measured?	ected ben	efit or outcome	of this proj	ect? Wh	at is the method	lology by which this outcome) will
	To place a reliable minimum of 98% re	e, modern eliability.	back-up generat	or at the fire	station. F	Percentage of time	e generator is used vs failure.	
	f. What are the su for failing to meet					•	in addition to its standard pe tract?	naltie
	Performance stan date.	dard in the	contract with pe	ercentage rec	duction ir	n final payment for	r every day past project comple	tion
15. F	Requester Contact	t Informati	ion					
a	a. First Name	Daniel		Last Name	Scales			
k	o. Organization	ation Town of Ponce Inlet						
c	. E-mail Address	il Address dscales@ponce-inlet.org						
c	d. Phone Number	(386)322	-6720	Ext.				
16. F	Recipient Contact	Information	on					
a	a. Organization	Town of I	Ponce Inlet					
k	o. Municipality and	d County	Volusia					
c	. Organization Ty	pe						
	□For Profit Entity							
	□Non Profit 501(d	c)(3)						
	□Non Profit 501(c	c)(4)						
	☑Local Entity							
	□University or Co	llege						
	□Other (please sp	pecify)						
c	I. First Name	Daniel		Last Name	Scales			

17. Lobbyist Contact Information

f. Phone Number (386)322-6720

e. E-mail Address dscales@ponce-inlet.org



LFIR # 1965

a. Name	None
b. Firm Name	None
c. E-mail Address	
d. Phone Number	