

# The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 2356

h Describe the so	zaroo or rananng ina	t can be ased in	or state randing.					
•	nonrecurring amour ource of funding tha	. ,	lieu of state funding.					
9	ikely to be requeste		No					
Fiscal Year (уууу-уу)	Amo Recurring	ount Nonrecurring	Specific Appropriation #	Vetoed				
8. Has this project p	reviously received s	state funding?	No					
<b>Total Project Cos</b>	ts for Fiscal Year 20	23-2024	15,000,000	100%				
Other			0	0%				
Local			7,000,000	47%				
	e amount of this requ	est)	0	0%				
Matching Funds Federal				0%				
	Requested (from ques	stion #6)	8,000,000	53%				
Type of Funding			Amount	Percentage				
Total State Funds 7. Total Project Cost	•	3-2024 (includin	g matching funds avai	8,000,000	ct)			
Fixed Capital Outla	*			8,000,000				
Operations				0				
Type of Funding			Amou	unt				
State Agency con  6. Amount of the No	tacted? No nrecurring Request	for Fiscal Year 2	2023-2024					
	eceive requested fur	nds Depart	ment of Financial Servic	es				
of a single-family re Hazard Area. The are necessary from manage and respo	esidential structure. F facility will house puble nother fire stations looned and to emergencies.	ire Station 10 is t lic safety, public v cated in more vul	Cape Coral. The fire dependence only Cape Coral fire works, and utilities personerable areas of the city	station not located in onnel and equipment and provide a safe	n a Special Flood t when evacuations			
4. Project/Program [	•	Station No. 40 in	Cons Corol The fire do	- a wtwo a wt a w a wat a a th				
3. Date of Request	02/21/2023							
2. Senate Sponsor	Jonathan Martin							
	Title Cape Coral Emergency Operations Center/Fire Station No. 10 Replacement							



11. Status of Construction

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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

a. What is the current phase of the project?				
○Planning				
b. Is the project "shovel ready" (i.e permitted)?	No			
c. What is the estimated start date of construction?	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 Ca	ane Coral		

2025

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

d. What is the estimated completion date of construction?

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/Majo	r Renovation:			
Construction/Renovation/Land/ Planning Engineering	Construction of a hardened fire station with safe room.	8,000,000		
Total State Funds Requested (must equal total from question #6) 8,000,000				

#### 14. Program Performance

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

Fire Station 10 is a single-family home that was severely damaged by Hurricane Ian. It is the only Cape Coral fire station not located in a Special Flood Hazard Area. The replacement structure will include a safe room and provide protection for first responders including law enforcement, emergency medical services, public works, and utility partners and their respective equipment. To maximize the functionality of the safe room, the space shall be used as Continuity of Operations Plan site.

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



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Cape Coral Fire Station 10 provides life safety and public education through fire mitigation, advanced life support, emergency medical care, hazardous materials response, and community outreach.

c. What direct se	rvices will	be provided to	citizens by t	he appr	opriati	on proje	ct?			
Construction of the city especially durand life safety mit	ring hurrica	station will proviones or other disa	de firefighting ster-related e	and EM events. T	IS servi he stat	ices in clo ion will p	ose p rovid	proximity to a que an all hazar	growing area of the ds approach to find	ne re
d. Who is the targ	get popula	tion served by t	his project?	How m	any ind	dividuals	s are	expected to	be served?	
The general popu	ulation.									
e. What is the explused be measured?	pected ber	nefit or outcome	of this proj	ect? Wh	at is th	ne metho	odolo	ogy by which	this outcome w	ill
The fire station w works and utilities measured and be	staff durin	g hurricanes and	other natura	growing I disaste	g comm rs. Res	nunity and sponse tir	d pro	tection to first to all calls for s	responders, publ service will be	ic
f. What are the su for failing to mee					-				standard penal	tie
The City of Cape	Coral wou	ld negotiate retur	n of funds.							
15. Requester Contac	ct Informat	ion								
a. First Name	Ryan		Last Name	Lamb						
b. Organization	Cape Co	ral Fire Departme	ent							
c. E-mail Address	rlamb@c	apecoral.gov								
d. Phone Number	(239)242	-3601	Ext.							
16. Recipient Contact	t Informati	on								
a. Organization	City of C	ape Coral								
b. Municipality an	d County	Lee								
c. Organization Ty	уре									
□For Profit Entity	/									
□Non Profit 501(	(c)(3)									
□Non Profit 501(	(c)(4)									
☑Local Entity										
□University or Co	ollege									
□Other (please s	specify)									
d. First Name	Michael		Last Name	llczyns	zvn					

e. E-mail Address milczysz@capecoral.gov

**f. Phone Number** (239)574-0451



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### 17. Lobbyist Contact Information

a. Name	Dane Eagle	
b. Firm Name	Ballard Partners	
c. E-mail Address	dane@BALLARDPARTNERS.COM	
d. Phone Number	(850)577-0444	