1. **Title of Project:** Calhoun County Volunteer Fire Department Equipment - Hurricane Michael Recovery

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 03/06/2019

4. **Project/Program Description:**
   Calhoun County has eight volunteer fire departments. All departments received damage from Hurricane Michael. Each fire department has experienced equipment loss due to the hurricane with an estimated loss of $30,000 per department. With much of the County’s timber on the ground, it is imperative to have adequate fire equipment to be prepared for potential fires throughout the County.

5. **State Agency to receive requested funds:** Department of Financial Services

   State Agency Contacted? Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>240,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>240,000</td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>240,000</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td>240,000</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** No

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Recurring</th>
<th>NonRecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
</table>

9. **Is future-year funding likely to be requested?** No

10. **Details on how the requested state funds will be expended**

<table>
<thead>
<tr>
<th>Spending Category Administrative Costs:</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Florida Senate
Local Funding Initiative Request
Fiscal Year 2019-2020

LFIR#: 2601

<table>
<thead>
<tr>
<th>Operational Costs:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary and Benefits</td>
<td></td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
</tr>
<tr>
<td><strong>Other Salary and Benefits</strong></td>
<td></td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
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</tr>
</tbody>
</table>

**Operational Costs:**

- **Salary and Benefits**
  - Expense/Equipment/Travel/Supplies/Other
  - Consultants/Contracted Services/Study

**Volunteer Fire Department Equipment (various equipment)**

**Fixed Capital Construction/Major Renovation:**

- **Construction/Renovation/Land/Planning Engineering**

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

- **240,000**

11. **Program Performance:**

   a. **What is the specific purpose or goal that will be achieved by the funds requested?**
      Increased fire protection with adequate equipment. Reduction in risks to citizens and firemen.

   b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**
      Increased fire protection services.

   c. **What are the direct services to be provided to citizens by the appropriations project?**
      Fire protection services.

   d. **Who is the target population served by this project? How many individuals are expected to be served?**
      All residents of Calhoun County. Approximately 15,000 individuals.

   e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
      Reduction in the loss of life/property due to fires.

   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 in the contract?**
      Repayment of funds

12. **The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

   N/A

13. **Requestor Contact Information:**

    a. **Name:** Gene Bailey
    b. **Organization:** Calhoun County Board of County Commissioners
    c. **E-mail Address:** gbailey@calhouncountygov.com
    d. **Phone Number:** (850)674-8075
14. **Recipient Contact Information:**
   a. **Organization:** Calhoun County Board of County Commissioners
   b. **County:** Calhoun
   c. **Organization Type:**
      - For Profit
      - Non Profit 501(c) (3)
      - Non Profit 501(c) (4)
      - Local Entity
      - University or College
      - Other (Please specify)
   d. **Contact Name:** Gene Bailey
   e. **E-mail Address:** gbailey@calhouncountygov.com
   f. **Phone Number:** (850)674-8075

15. **Lobbyist Contact Information**
   a. **Name:** None
   b. **Firm Name:** None
   c. **E-mail Address:**
   d. **Phone Number:**