

LFIR # 2252

City of Longwood - Fire Station I	Relocation		
David Simmons			
01/14/2020			
Description			
operates a fire department consisting of the is provided, as well as advanced emergoldest station, constructed in 1980. The factorized extensive remodeling on at least threat water removal and drying services froundition for our crews, but with each event	ency medical services inc cility has been plagued by ree separate occasions. A om professional restoration health concerns remain.	luding ambulance transport. flooding issues periodically for dec dditionally, there have been many for a companies. We have done our be	ades loodi st to
receive requested funds Depa	artment of Financial S	Services	
tacted? • Yes O No			
onrecurring Request for Fiscal	Year 2020-2021		
g	Amount		
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ds Requested	1,700,000		
st for Fiscal Year 2020-2021 (inc	cluding matching fu		ect)
g		Percentage 50.0 %	ect)
g s Requested (from question #6)	Amount	Percentage	ect)
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g Is Requested (from question #6) Is Ithe amount of this request)  Dists for Fiscal Year 2020-2021  District or Fiscal Year 2020-2021	Amount  1700000  00  00  1,700,000  00  3,400,000  ng? Yes Spec	Percentage	ect)
i o i o i o i	Description operates a fire department consisting of an is provided, as well as advanced emergoldest station, constructed in 1980. The factored extensive remodeling on at least the red water removal and drying services from the factor of th	Description operates a fire department consisting of two stations with 43 paid for its provided, as well as advanced emergency medical services incoldest station, constructed in 1980. The facility has been plagued by proced extensive remodeling on at least three separate occasions. As a red water removal and drying services from professional restoration andition for our crews, but with each event health concerns remain. wishes to relocate Fire Station 15 to another City owned parcel to pay's infrastructure.  Treceive requested funds Exacted?  Yes  No  Department of Financial Stated?  Amount  Amount  1,700,000	Description  operates a fire department consisting of two stations with 43 paid full time members. Insurance Service in is provided, as well as advanced emergency medical services including ambulance transport. oldest station, constructed in 1980. The facility has been plagued by flooding issues periodically for decorced extensive remodeling on at least three separate occasions. Additionally, there have been many for red water removal and drying services from professional restoration companies. We have done our be andition for our crews, but with each event health concerns remain.  wishes to relocate Fire Station 15 to another City owned parcel to prevent further flooding and to strently's infrastructure.  Treceive requested funds  Department of Financial Services  accted?  Yes  No  Amount  1,700,000



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Oth	er	
Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construc	tion/Major Renovation:	
Construction/Renovation/ Land/Planning Engineering	Includes hard costs for site work and construction as well as architectural, engineering, fees and inspections. Construction Management Fee for oversight of the construction project.	1,700,000
Total State Funds Re	quested (must equal total from question #6)	1,700,000



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1	1	١.	Program	Performance
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1.	Program Performance
ā.	What specific purpose or goal will be achieved by the funds requested?
	Fire Station 15 will be moved to a new location that is not prone to flooding. This new location will allow our units to be more evenly distributed within our community allowing for reduced response times.
b.	What activities and services will be provided to meet the intended purpose of these funds?
	The new facility will be designed and constructed to meet current industry standards. Since our area is prone to the annual threat from hurricanes, we plan to construct to withstand a Category 3 storm.
c.	What direct services will be provided to citizens by the appropriation project?
	Our citizens will be able to receive consistent service from a facility not plagued by flooding issues forcing the relocation of crews and apparatus. the current fire station is located in a congested area which creates access issues in order to respond to emergencies during rush hour and special events that are held downtown and around the city's signature park and amphitheater.
d.	Who is the target population served by this project? How many individuals are expected to be served?
	Residents, Business Owners and patrons of the City of Longwood and surrounding Seminole County. Approximately 45,000 individuals will be served by this project.
e.	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
	To provide a reliable facility from which to provide emergency services.  The success of the project will be measured by the lack of service interruptions due to weather.
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?
	The contract will include a mutually agreed upon completion date with provisions for liquidated damages to be assessed for non compliance.



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	he City of Longwood	d will own the facility. The fire depa	artment will occupy t	he facility upon completion.	
Re	equestor Contac	Information			
a.	First Name	Matthew	Last Name	Morgan	
b.	Organization	City of Longwood - Mayor			
c.	E-mail Address	mmorgan@longwoodfl.org			
d.	Phone Number	(407)260-3445	Ext.		
Re	ecipient Contact	Information			
a.	Organization	City of Longwood			
b.	o. Municipality and County Seminole				
c.	c. Organization Type				
	For-profit Entity				
	O Non-Profit	501(c) (3)			
	O Non-Profit	501(c) (4)			
	<ul><li>Local Entity</li></ul>	,			
	<ul><li>University of</li></ul>	iversity or College			
	Other (plea	se specify)			
d.	First Name	J.D	Last Name	Cox	
e.	E-mail Address	dcox@longwoodfl.org			
	Phone Number				
L	obbyist Contact I	nformation			
a.	. Name	None			
b.	Firm Name	None			
	E-mail Address				