

LFIR # 1449

1. Project Title	City of Bristol Volunteer Fire St					
2. Senate Sponsor	Loranne Ausley					
3. Date of Request	02/05/2021					
4. Project/Program D	escription					
inadequate to meet the community muc	/olunteer Fire Department seeks t the needs of local citizens and the h needed space for necessary fire idents and firefighters.	First F	Responders called to	save their lives. T	his project will afford	
5. State Agency to re	ceive requested funds Depart	artment	t of Financial Service	S		
State Agency conta	acted? No					
6. Amount of the Non	recurring Request for Fiscal Yea	ar 202′	1-2022			
Type of Funding			Amount			
Operations			0			
Fixed Capital Outlay	/			780,570		
Total State Funds	Requested		780,570			
7. Total Project Cost	or Fiscal Year 2021-2022 (includ	ding m	atching funds avail	able for this proje	ect)	
Type of Funding			Amount	Percentage		
	equested (from question #6)		780,570	100%		
Matching Funds				201		
Federal			0	0%		
State (excluding the amount of this request)			0	0% 0%		
Local Other			0	0%		
	s for Fiscal Year 2021-2022		780,570	100%		
		<u> </u>				
8. Has this project pr	eviously received state funding	? [No			
Fiscal Year	Amount		Specific #	Vetoed		
(уууу-уу)	Recurring Nonrecurri	ng	Appropriation #			
9. Is future funding li	kely to be requested?	1	No			
a. If ves. indicate n	onrecurring amount per year.					
	urce of funding that can be used	۔ منا منا	u of state funding			
b. Describe the so	urce or runding that can be used	ı III II C	u or state fullding.			
10. Has the entity req	uesting this project received an	y fede	eral assistance relat	ed to the COVID-	19 pandemic?	
No						
	amount of funda received and	l a e4 41	ha funda wara was	l fau		
it yes, indicate the	amount of funds received and	wnat t	ne runas were used	i tor.		



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The City has submitted invoices to the Liberty County BOCC for CARES ACT reimbursement but has not received any funds yet or any other federal assistance related to COVID-19.

11. 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/Majo	r Renovation:					
Construction/Renovation/Land/ Planning Engineering	Engineering, design, and construction	780,570				
Total State Funds Requested (must equal total from question #6) 780,570						

12. Program Performance

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

The purpose of this request is to enlarge the existing fire station and purchase an emergency generator for emergency and disaster recovery situations. The additional space will enhance training capabilities, fire station functionality and foster community relations. A fire station this size would also be capable of hosting emergency personnel from other areas that may come in and assist the City or County during disaster recovery situations. This was discovered as a need for the community in the aftermath of Hurricane Michael.

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

The project will also include the construction of two additional bays for fire fighting equipment, provide showers, commercial washer/dryer which is necessary to provide the firefighters with the adequate resource to wash any harmful cancer causing carcinogens from their bodies and clothing. This has been proven to reduce the risk of job related cancers among firefighters. It will also provide the space to host life-saving training on fire safety prevention and management to Liberty County's most vulnerable citizens; the elderly, school-aged children and firefighters.

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

Liberty County will be directly affected by this expansion in many ways:

- 1. Direct Firefighter training;
- 2. Community-wide fire safety training;
- 3. Life Saving decontamination procedures recommended by the National Fire Protection Association (NFPA); and
- 4. Safe secure and protected area for all fire fighting apparatus and equipment.
- d. Who is the target population served by this project? How many individuals are expected to be served?

The entire population of Liberty County Florida, near 9,000.

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



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- 1. The expected benefit or outcome would be improved training and awareness of our fire services to both the firefighters and the community.
- 2. Due to the high number of cancer related issues to firefighters and responding to emergency calls related to potential COVID-19 cases, the benefit would be to have a commercial washer/dryer to wash off carcinogens, viruses and other hazardous materials from their Bunker Gear.
- 3. A safe and secure facility for the firefighters and the community.
- 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?

The Auditor General conducts audits for both City and State agencies.

13. 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.

The City of Bristol (entity) owns and maintains the fire station (facility).



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14.	. Requestor Contact	Informat	ion						
	a. First Name	Carol		Last Name	Hobby				
	b. Organization	City of Bristol Volunteer Fire Department							
	c. E-mail Address	dhobby.cob@fairpoint.net							
	d. Phone Number	(850)559-0284 Ext.							
15. Recipient Contact Information									
	a. Organization	City of Bristol Volunteer Fire Department							
	b. Municipality and County Liberty								
	c. Organization Type								
	□For Profit Entity	<i>,</i>							
	□Non Profit 501(c	(c)(3)							
	□Non Profit 501(d	01(c)(4)							
	☑Local Entity								
	□University or College								
	□Other (please specify)								
	d. First Name	Robin		Last Name	Hatcher				
	e. E-mail Address								
	f. Phone Number	(850)643-2261							
16. Lobbyist Contact Information									
	a. Name None								
	b. Firm Name	None							
	c. E-mail Address	-							
	d. Phone Number								