

LFIR # 1084

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1. Project Title	DeBary Fire Stat	UOH				
2. Senate Sponsor	Tom Wright					
3. Date of Request	10/11/2021					
4. Project/Program D	escription					
To construct a pern provide additional su quarters and bay. To	apport and educatio	n for the other 21,0		nat are moving into t W - The design is 56	the community and 600 sq ft includes living	
5. State Agency to re	ceive requested fu	nds Departn	nent of Financial Serv	ices		
State Agency conta		for Fiscal Year 2	022-2023			
Type of Funding		10111004110412	Amo	ount		
Operations			361,000			
Fixed Capital Outlay	1			889,000	1	
Total State Funds				1,250,000	1	
Type of Funding Total State Funds Requested (from question #6)			Amount 1 250 000	Percentage 50%		
	equested (from que	estion #6)	1,250,000	50%		
Matching Funds			0	0%		
Federal State (excluding the amount of this request)			0	0%		
Local				50%		
Other			1,250,000 0	0%		
Total Project Costs for Fiscal Year 2022-2023			2,500,000	100%		
8. Has this project pr	eviously received	state funding?	No			
Fiscal Year	Amount		Specific	Vetoed		
(уууу-уу)	Recurring	Nonrecurring	Appropriation #			
9. Is future funding lil	kelv to be requeste	ed?	No		ı	
a. If yes, indicate n						
•	•					
b. Describe the so	urce of funding tha	at can be used in	lieu of state funding	•	1	
10. Has the entity req	uesting this projec	ct received any fe	ederal assistance rela	ated to the COVID-	19 pandemic?	
		in the second and the			. o panaomio	
Yes						
If yes, indicate the	amount of funds i	received and wha	t the funds were use	ed for.		



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ARPA funding. The City of DeBary is determining projects that fall under the guidelines for the federal monies. Approximately \$5.6 million

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	New Fire Truck; Medical Equipment - ALS heart monitor, Other EMS equipment; Fire Equipment - Fire Hose, Fire Nozzles, Extrication equipment, Air packs w/ bottles, Exhaust fan, Thermal camera, Ventilation saw; Additional small equipment. The City of DeBary will be matching this request 1:1.	361,000					
Consultants/Contracted Services/Study		0					
Fixed Capital Construction/Majo	r Renovation:						
Construction/Renovation/Land/ Planning Engineering	To seek permitting, bidding, construction project management and construction services to construct a permanent fire station to serve and protect all stakeholders including citizens, visitors, and the business community of the southwest region of the City of Debary. The City of Debary will be matching this request 1:1.	889,000					
Total State Funds Requested (must equal total from question #6)							

12. Program Performance

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

To obtain permitting, bidding, construction project management and construction services to design, construct equip a permanent fire station to serve and protect all stakeholders including citizens, visitors, and the business community of the south-west region of DeBary.

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

This station will help to protect the lives, welfare, and property of all stakeholders within the south-west area of DeBary and surrounding areas by providing excellent service in the event of natural or other disasters through the effective use of current techniques in fire suppression, fire prevention, vehicle extrication, hazardous materials mitigation, EMS, and public education.

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

This station will help to protect the lives, welfare, and property of all stakeholders within the south-west area of DeBary and surrounding areas by providing excellent service in the event of natural or other disasters through the effective use of current techniques in fire suppression, fire prevention, vehicle extrication, hazardous materials mitigation, EMS, and public education.

d. Who is the target population served by this project? How many individuals are expected to be served?

31,000 residents will be served in addition to helping our surrounding communities. Elderly, persons with poor mental health, persons with poor physical health, students of all ages, economically disadvantaged persons, as well as the general population.



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

A local fire station closer to our parks and river allows for faster response times to hazmat or other dangers to our environment Reducing the response times in a Hazardous Materials Spill greatly reduced the impact to the environment especially in roadways at these can directly impact fish and wildlife. The City of DeBary recently purchased a Sea Ark for the Fire Department for water rescues and emergencies.

A new fire house closer to our main street will provide security to businesses when considering DeBary as a location for their business.

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?

Return of funds

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 DeBary will own and manage the facility.



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14. Requestor Contact Information									
	a. First Name	Carmen		Last Name	Rosamonda				
	b. Organization	City of DeBary							
	c. E-mail Address	crosamonda@debary.org							
	d. Phone Number	(386)668-2040 Ext.							
15. Recipient Contact Information									
	a. Organization	zation City of DeBary							
	b. Municipality and	l County	Volusia						
	c. Organization Type								
	□For Profit Entity	y							
	□Non Profit 501(d	(c)(3)							
	□Non Profit 501(c	ofit 501(c)(4)							
	☑Local Entity	Entity							
	□University or College								
	□Other (please specify)								
	d. First Name	Carmen		Last Name	Rosamonda				
	e. E-mail Address	crosamonda@debary.org							
	f. Phone Number	(386)668-2040							
16. Lobbyist Contact Information									
	a. Name	None							
	b. Firm Name	None							
	c. E-mail Address	ddress							
	d. Phone Number								