



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1172

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Funding will replace a 35 year old, outdated fire station which has issues related to flooding, poor air quality and decontamination facilities for the firefighters. The current station is not constructed to storm grade standards, does not have a safe room or emergency operations center for major emergencies. There is no room for expansion and the limited space offers limitations during larger emergency operations. A new facility will correct these issues and allow for better service to citizens.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

| Type of Funding                    | Amount           |
|------------------------------------|------------------|
| Operations                         | 1,000,000        |
| Fixed Capital Outlay               | 0                |
| <b>Total State Funds Requested</b> | <b>1,000,000</b> |

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

| Type of Funding                                      | Amount           | Percentage  |
|--|------------------|-------------|
| Total State Funds Requested (from question #6)       | 1,000,000        | 20%         |
| <b>Matching Funds</b>                                |                  |             |
| Federal  | 0                | 0%          |
| State (excluding the amount of this request)         | 0                | 0%          |
| Local  | 4,000,000        | 80%         |
| Other  | 0                | 0%          |
| <b>Total Project Costs for Fiscal Year 2022-2023</b> | <b>5,000,000</b> | <b>100%</b> |

8. Has this project previously received state funding?

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
|                          |           |              |                             |        |

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

Local City of Longwood local funding will be used to complete the project and maintain the site in the future. The city will also always seek out federal and state grant opportunities when available.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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If yes, indicate the amount of funds received and what the funds were used for.

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

| Spending Category  | Description   | Amount           |
|--|---|------------------|
| <b>Administrative Costs:</b>   |   |                  |
| Executive Director/Project Head Salary and Benefits                    |   | 0                |
| Other Salary and Benefits  |   | 0                |
| Expense/Equipment/Travel/Supplies/Other                                |   | 0                |
| Consultants/Contracted Services/Study                                  |   | 0                |
| <b>Operational Costs: Other</b>  |   |                  |
| Salary and Benefits  |   | 0                |
| Expense/Equipment/Travel/Supplies/Other                                |   | 0                |
| Consultants/Contracted Services/Study                                  |   | 0                |
| <b>Fixed Capital Construction/Major Renovation:</b>                    |   |                  |
| Construction/Renovation/Land/Planning Engineering                      | New construction and all construction costs associated with the building of City of Longwood Fire Station 15. | 1,000,000        |
| <b>Total State Funds Requested (must equal total from question #6)</b> |   | <b>1,000,000</b> |

**12. Program Performance**

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

Replace a 35 year old, outdated fire station which has issues related to flooding, poor air quality and decontamination facilities for the firefighters. The current station is not constructed to storm grade standards, does not have a safe room or emergency operations center for major emergencies. There is no room for expansion and the limited space offers limitations during larger emergency operations. A new facility will correct these issues and allow for better service to citizens.

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

A new, modern fire station will offer fire fighters, their emergency vehicles and equipment a safe and healthy staging area and living quarters to be prepared to offer an immediate response to fires, medical emergencies, rescue calls and disasters (man made and natural locally, regionally and throughout the state).

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

A new fire station will provide emergency responders with an appropriate work area for them, their vehicles and equipment to ensure they are best prepared to respond to emergencies related to fires, medical calls, rescues and disasters in the city, their frequent responses to unincorporated areas of Seminole County and facilitate the commitment to the statewide mutual aid response agreement.

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

Services provided to all citizens of Longwood, Seminole County and on standby for disasters and mutual aid requests for assistance in the entire state.

**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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Benefit: Improve physical health / Method: Evaluate and notate the hazards experienced at the current station are no longer present at the new station.

Benefit: Improve mental health / Method: Compare the amount of emergency calls for service related to a mental health crisis for the first 12 months the new station is operational.

Benefit: Protect the general public from harm (environmental, criminal, etc.) / Method: Compare the amount of overall emergency calls for service for the first 12 months the new station is operational.

Benefit: Create specific immediate job opportunities. Collect and maintain data on the project bidding process when identifying the contractor for the project and the work it will involve.

Benefit: Improve stormwater management / Method: The current roadway and existing fire station site flooding can be further documented in advance and used to compare the anticipated storm water improvements in this area upon project completion.

**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?**

Should the City of Longwood not utilize the provided funding or a portion of the funding for the construction of a new municipal fire department the city will be required to return the funding to the State of Florida.

**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 Longwood is the owner of the facility and the requesting entity.



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. Recipient Contact Information

a. Organization

b. Municipality and County

#### c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify) Local Government

d. First Name  Last Name

e. E-mail Address

f. Phone Number

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number