



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1815

1. Project Title 2. Senate Sponsor 3. Date of Request

4. Project/Program Description

This project will include the construction of a new EMS facility that will be located in Bristol, FL. The current EMS facility was built in 1966 as a residential property and eventually converted to use as the EMS facility. It only has one open bay/garage for an ambulance, which is too small for an ambulance to be in to be able to close the door, no decontamination room and no appropriate room for any biohazard materials. The County has pursued numerous different funding sources for the construction of a new facility since Hurricane Michael in 2018 and the COVID-19 pandemic only made the necessity of a new facility more apparent due to the inadequate decontamination and biohazard rooms to keep our first responders safe. The proposed new facility will also be hardened to withstand hurricane force winds. In 2018, Hurricane Michael damaged the current building immensely and left the EMS department without a Bristol station for over a year while repairs were made.

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	0
Fixed Capital Outlay	1,100,000
Total State Funds Requested	1,100,000

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)	1,100,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	1,100,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific 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.



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

Yes

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

Liberty County was allocated \$1,457,708 as part of the CARES Act for State and Local Governments. Funds were used for PPE, sanitizing supplies, labor, equipment and other items. Liberty County was allocated \$1,622,677 as part of the American Rescue Plan. Funds are to be used for Covid-19 mitigation efforts, replacement of lost public sector revenue, premium pay for essential workers, and investments in water.

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	Architectural services for the new facility.	100,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Purchase land and construct the new EMS Facility.	1,000,000
Total State Funds Requested (must equal total from question #6)		1,100,000

12. Program Performance

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

The specific goal of this project is to construct a new EMS facility that will better serve Liberty County and its citizens. The new EMS facility would be larger, include decontamination/biohazard rooms, larger bays to fit new ambulances and will be hardened to withstand hurricane force winds, keeping first responders safe. Liberty County does not have the funds to be able to make these changes without financial assistance.

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

The new EMS Facility will be designed and constructed to meet the needs of the Liberty County EMS first responders and to better serve the Liberty County citizens.

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

The construction of a new EMS facility will improve the efficiency and safety of EMS first responders, which in turn will benefit the citizens of Liberty County in case of an emergency.

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

This project will benefit the citizens of Liberty County, which has a population near 9,000 citizens, and those employed with EMS.

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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These improvements will greatly improve the operations of the Liberty County EMS department, which in turn provides improved services to all citizens in and around Liberty County. It will also provide a building that can withstand a natural disaster, unlike what happened in Hurricane Michael when the current building was unusable for more than 9 months. The County can have an open survey involving the EMS department, local hospitals, and expected citizens to measure how the improvements have helped.

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?

It is not anticipated that failing to meet deliverables or performance measures will occur, however, if such penalties are needed, withholding funding would be an appropriate measure.

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.

This facility will be owned and operated by the Liberty County Board of Commissioners.



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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)

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