



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 2139

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Construct a new fire station at Crossroads Volunteer Fire Department in Hamilton County to replace and modernize current 50 year old facility.

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	880,000
Total State Funds Requested	880,000

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)	880,000	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	880,000	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.

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

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



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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	Engineering/consulting services.	80,000
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Actual construction of project.	800,000
Total State Funds Requested (must equal total from question #6)		880,000

12. Program Performance

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

Construct a new fire station at Crossroads Volunteer Fire Department in Hamilton County (County) to replace and modernize current 50 year old facility.

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

Current station is in excess of 50 years old and is in extreme need of replacement and modernization. Services will be enhanced for residents and business operations in that particular area of Hamilton County (County).

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

Response time for fire/rescue services will be improved and enhance with the addition of EMS station to the facility.

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

All residences and businesses in the southwestern portion of the County (approximately 2500 residents and 35 businesses).

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

Compliance with latest state fire/rescue regulations as well as improving ISO rating of 4 for this area of the County.

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?

None, station will be completed.

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.

Hamilton County Board of County Commisioners.



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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