

LFIR # 2883

1. Project Title	Madison	County Fire	Rescue	Station #4	
	maaison		1.CSCuC		

2. Senate Sponsor Corey Simon

3. Date of Request 01/09/2024

4. Project/Program Description

Madison County (County) requests funds for the construction of a modular and prefabricated fire station designed to accommodate the needs of the southeastern side of the County. The facility will be equipped with modern technologies for firefighters to provide fire services for Madison County.

5. State Agency to receive requested funds

Department of Financial Services

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,000,000
Total State Funds Requested	1,000,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	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 2024-2025	1,000,000	100%

8. Has this project previously received state funding?

Fiscal Year	Amo	ount	Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	

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?

No

No

Yes

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



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The County received approximately \$3.5 million from the American Rescue Plan Act and allocated the funds towards a variety of projects.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

🔘 Planning	💽 Design	Construction	🔵 N/A
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b. Is the project "shovel ready" (i.e permitted)?	
c. What is the estimated start date of construction?	

- d. What is the estimated completion date of construction?
- 12. List 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.

No

12/1/2024

9/1/2025

The County is the entity.

13. 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	Construction, site preparation and engineering.	1,000,000
Total State Funds Requested (m	ust equal total from question #6)	1,000,000

14. Program Performance

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

Construction of a modular and prefabricated fire station designed to accommodate the needs of the southeastern side of Madison County (County). The facility will be equipped with modern technologies for firefighters to provide fire services for Madison County.

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

The newly constructed fire station will be cost effective and durable with the ability to withstand a category 3 hurricane.



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

A regulation helicopter pad will be constructed adjacent to the fire station to allow for efficient air operations and quick response to emergencies in the area.

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

The target population served by this project is the general public; over 800 individuals are expected to be served

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

Improved physical health; measured by increased physical health of the community. Protect the general public from harm; measured by quicker response times to emergencies in the area.

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?

If appropriated, Madison County will ensure that all deliverables and performance measures set forth in the funding agreement are met. These measures will include engaging a compliance/project management team to work with County staff to oversee administration and compliance of the appropriated funds.

15. Requester Contact Information

a. First Name	Sherilyn		Last Name	Pickels
b. Organization	Madison	County Board of	County Com	missioners
c. E-mail Address	admin@r	nadisoncountyfl.	com	
d. Phone Number	(850)973	-3179	Ext.	
16. Recipient Contact	Informatio	on		
a. Organization	Madison Commissi	County Board of oners	County	
b. Municipality and	d County	Madison		
c. Organization Ty	ре			
□For Profit Entity				

□Non Profit 501(c)(3)

□Non Profit 501(c)(4)

☑ Local Entity

□University or College

□Other (please specify)

d. First Name	Sherilyn	Last Name	Pickels
e. E-mail Address	admin@madisoncountyfl.	com	
f. Phone Number	(850)973-3179		

17. Lobbyist Contact Information



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a. Name	Timothy L. Parson
b. Firm Name	Liberty Partners of Tallahassee LLC
c. E-mail Address	tim@libertypartnersfl.com
d. Phone Number	(850)910-2678