

1. Project Title

2. Senate Sponsor

## The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

Marco Island Fire Rescue Vessel

Kathleen Passidomo

**LFIR # 3509** 

3.	Date of Request	01/08/2024						
4.	Project/Program De	escription						
	Island's (City) Fire R community the City i year in the marine er areas of the State of taxpayers. Recogniz	escue vessel to co s a boaters destina nvironment. When Florida or out of st ing the statewide in equests consideration	ntinue the prov tion. The Fire I these emergen ate tourists; ho npact the boati on of state fina	ision Resc cies weve ng in	occur those receiving er, the cost of the services dustry has on local e	services. As a coa nds to approximate the fire rescue service is totally borne mergency services.	stal barrier island by 100 emergencies a vice are often from other by the Marco Island	
5.	State Agency to rec	eive requested fu	inds Dep	artme	ent of Financial Servi	ces		
	State Agency conta	cted? No						
6.	Amount of the Nonr	ecurring Request	for Fiscal Yea	ar 20	24-2025			
	Type of Funding				Amo	unt		
	Operations					345,000		
	Fixed Capital Outlay					0		
	<b>Total State Funds F</b>	Requested			345,000			
	Tatal Duais at Oa at f	Fissel Vss. 000	4 0005 (in almost	l:		ilabla fan ibia musi	4)	
۲.	Total Project Cost in	or Fiscal Tear 202	4-2025 (Includ	iing i	matching funds ava	ilable for this proj	ect)	
	Type of Funding				Amount	Percentage		
	Total State Funds Re	equested (from que	estion #6)		345,000	30%		
	Matching Funds			ı				
	Federal				0	0%	†	
	State (excluding the	amount of this requ	uest)		705.050	<u>0%</u>	1	
	Local Other				795,359	70% 0%	1	
					0		1	
	Total Project Costs	for Fiscal Year 20	024-2025		1,140,359	100%		
8.	Has this project pre	eviously received	state funding?	?	No			
	Fiscal Year	Amo	ount		Specific	Vetoed		
	(уууу-уу)	Recurring	Nonrecurri	ng	Appropriation #			
^	la fotona fondina lik		- 40		Ne			
9.	Is future funding lik				No		7	
	a. If yes, indicate no	onrecurring amou	nt 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?



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

The City of Marco Island received CARES Act funding applied to emergency services operating costs; approximately \$1M CARES funding for first responder wages and \$1.7M ARP funding for revenue loss.

### Complete questions 11 and 12 for Fixed Capital Outlay Projects

1 .	1. Status	of	Con	stru	ction

a.	What	İS	the current	pha	ase c	of the	project?	?

<ul><li>Planning</li></ul>	O Design	<ul><li>Construction</li></ul>	◆ N/A	
b. Is the project				
c. What is the es	November 2023			
d. What is the es	stimated comple	tion date of construc	ction?	September 2024

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.

The City of Marco Island Fire Rescue Department will be the receiver of the funds. The City of Marco Island will receive the funding and process acquisition of the vessel.

#### 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	The funds will be expended to offset the purchase of a new Fire Rescue vessel. The City has committed to the purchase; however, is requesting 30% of the replacement cost to bring relief to our taxpayers due to the vessel serving the marine & boating industry.	345,000
Total State Funds Requested (m	ust equal total from question #6)	345,000

#### 14. Program Performance

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



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The goal is to share the cost of replacing the City of Marco Island's (City) fire rescue vessel recognizing that the cost to provide marine fire and emergency medical services is borne in total by the City's taxpayers. However, many of the people receiving the service are either from other areas of the State of Florida or out of state tourists. The recreational boating industry provides an economic impact of \$33.3 billion dollars annually to the State of Florida. Recognizing the statewide impact the boating industry has on local emergency services, the City of Marco Island respectfully requests consideration of state financial support through legislative appropriation to provide a 30% share in the cost of the City's new Fireboat, \$345,000.

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

The fire rescue vessel will provide immediate response to emergencies occurring in the marine environment. The fire rescue vessel will provide advanced life support medical care, firefighting, search & rescue and dive rescue services.

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

The direct service is the citizens will receive immediate response of fire rescue services in the marine environment. This critical service is necessary locally due to the volume of recreational and commercial boaters operating in our community due to its vast natural environment, it is a boaters destination. There is no immediate USCG response to these emergencies as they are stationed 90 minutes away.

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

The City of Marco Island has in excess of 6,000 registered recreational boats. In Collier County there are 24,000 registered recreational boats as well as a large fleet of commercial fishing vessels, wave runner rentals, parasailing, kayak rentals, and ferry service to Key West.

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

Outcomes are measured by evaluation of response time to the emergency and time to stabilize the emergency. In a medical emergency response time is measured to provide advanced life support services and deliver the patient to a land-based ambulance. To receive customer feedback, all persons receiving service receive a survey card to grade the service.

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?

The City does not process final payment to the vendor until the vessel is delivered and successfully passes an acceptance test and all punch list items are addressed. The City also contractually requires a one-year warranty on the vessel hull and 3-years on the propulsions elements.

15. Requester Contact Information							
a. First Name	Chris		Last Name	Byrne			
b. Organization	City of Marco Island						
c. E-mail Address	ress cbyrne@cityofmarcoisland.com						
d. Phone Number	(239)389-5047 <b>Ext</b> .						
16. Recipient Contact	Information	on					
a. Organization	a. Organization City of Marco Island						
b. Municipality and County Collier							
c. Organization Type							
□For Profit Entity							



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□Non Profit 501(c	□Non Profit 501(c)(3)					
□Non Profit 501(c	□Non Profit 501(c)(4)					
☑Local Entity	☑Local Entity					
□University or Co	llege					
□Other (please sp	pecify)					
d. First Name	d. First Name Michael Last Name McNees					
e. E-mail Address	e. E-mail Address mmcnees@cityofmarcoisland.com					
f. Phone Number	(239)389-5000					
17. Lobbyist Contact I	nformation					
a. Name	a. Name Ronald L. Book					
b. Firm Name	b. Firm Name Ronald L. Book PA					
c. E-mail Address	c. E-mail Address ron@rlbookpa.com					
d. Phone Number	(305)935-1866					