

LFIR # 3531

1. Project Title	Highlands County Fire Rescue Ambulance

2. Senate Sponsor Erin Grall

**3. Date of Request** 01/11/2024

### 4. Project/Program Description

As Highlands County continues to grow, timely emergency response becomes more of an issue. Industry standards indicate a county should have one ambulance to serve every 10,000 people in the population. We currently have nine ambulances, and they are often all on the road at the same time, slowing service response time for some 911 callers. This project would add a 10th ambulance rescue unit to Highlands County's fleet. Currently there is only volunteer firefighting coverage for the Spring Lake community. The population of Spring Lake is approximately 6,200 people and growing. The closest ambulance of service to the community is 6.2 miles away if it is available.

5. State Agency to receive requested funds

Department of Health

State Agency contacted? No

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

Type of Funding	Amount
Operations	600,000
Fixed Capital Outlay	0
Total State Funds Requested	600,000

# 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)	600,000	80%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	150,000	20%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	750,000	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?

No

# 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?

Yes

No



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

\$18,063,838; Emergency Operations Center Expansion. 911 Operator Dispatch Console upgrades, Special Needs Shelter Expansion, Road & Bridge Facility Expansion, 24-Hour Vending Library, County Jail Body Scanners, Healthy Families Household Assistance, Mail In Elections Upgrades

# **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
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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.

📀 N/A

Highlands County Board of County Commissioners

#### 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	Purchase of one additional fire rescue ambulance to meet the industry standard of having one ambulance unit for every 10,000 citizens	600,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	600,000

#### 14. Program Performance

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

Provide Emergency Medical Services to additional Highlands County residents. No study has been done but the industry standard for the emergency medical industry is to provide one ambulance for every 10,000 citizens. Highlands County currently has nine ambulances and over 100,000 citizens.



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

The funds will purchase and fully furnish an emergency medical ambulance for the county.

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

Emergency life/saving services will be made more readily available to Highlands County citizens and visitors.

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

General Population, the majority of the funds will benefit no specific group; >10,000

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

Benefit/Methodology:

A. Improved emergency medical responder response times to medical incidents/Improved/Iower response times to medical incidents

B. Provide jobs for additional emergency medical first responders/Increased number of emergency medical first responders employed by Highlands 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?

Contractual milestones established throughout the project, non-payment of invoices until milestones completed

#### **15. Requester Contact Information**

a. First Name	Laurie	Last Name Hurner
b. Organization	Highlands County Board of	of County Commissioners
c. E-mail Address	lhurner@highlandsfl.gov	
d. Phone Number	(863)402-6500	Ext.

#### 16. Recipient Contact Information

**a. Organization** Highlands County Board of County Commissioners
**b. Municipality and County** Highlands

#### 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 Dustin Last Name Fitch



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e. E-mail Address	dfitch@highlandsfl.gov
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None

**f. Phone Number** (863)402-6500

h an (000) 400 0500

# 17. Lobbyist Contact Information

a. Name
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b. Firm Name

c. E-mail Address

d. Phone Number