

Yes

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

LFIR # 3586

1. Project Title	Midway Voluntee	er Fire Department	Fire and Hazmat Res	ponse Vehicle			
2. Senate Sponsor	Corey Simon						
3. Date of Request	12/14/2023						
4. Project/Program D	escription						
pump, Midway Fire multiple structure fir vehicle will be equip	Fighters will be able e scenes as well as ped with communic trication and stabilis	e to handle a numb command vehicle ations equipment a zation equipment for	Pumper that carries 10 er of large scale hazar for the City of Midway allowing for command or large incidents and	rdous spills, large hi r (City) and surround post capabilities. Hi	ighway incidents, ding communities. The az-Mat containment and		
5. State Agency to re	ceive requested fu	nds Departm	nent of Financial Servi	ces			
State Agency conta	acted? No						
6. Amount of the Non	recurring Request	for Fiscal Year 20	024-2025				
Type of Funding			Amo	unt			
Operations				1,500,000			
Fixed Capital Outlay				0			
Total State Funds	Total State Funds Requested			1,500,000			
7. Total Project Cost f	or Fiscal Year 202	4-2025 (including	matching funds ava		ect)		
Type of Funding			Amount	Percentage			
Total State Funds Requested (from question #6)			1,500,000	100%			
Matching Funds			_				
Federal			0	0%			
State (excluding the amount of this request)			0	0%			
Local			0	0%			
	Other Total Project Costs for Fiscal Year 2024-2025			0% 100%			
-		•	1,500,000	10070	I		
8. Has this project pr	-		No	1	1		
Fiscal Year (уууу-уу)	Amo Recurring	ount Nonrecurring	Specific Appropriation #	Vetoed			
9. Is future funding li	kely to be requeste	ed?	No				
a. If yes, indicate n	onrecurring amou	nt per year.					
b. Describe the so	urce of funding tha	at can be used in	lieu of state funding.		•		
10. Has the entity req	uesting this projec	ct received any fe	deral assistance rela	ted to the COVID-	19 pandemic?		



11. Status of Construction

a. What is the current phase of the project?

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

The City received American Rescue Act Funding that has and will be used for CVID-19 community protection, premium pay for law enforcement and match for the septic to sewer project.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

		-	• •			
(Planning	O Design	Construction	O N/A		
b.	Is the project "	'shovel ready"	(i.e permitted)?			
С.	What is the est	timated start da	te of construction?			
d.	What is the es	timated comple	tion date of constru	ction?		
			o receive, directly or rs of the facility and		outlay funding	g. Include the
13. De	etails on how t	he requested s	tate funds will be ex	pended		

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	The purchase of a 2024 Sutphen Large Body Squad Pumper that carries 1000 gallon of water with a 1500 GPM pump.	1,500,000		
Consultants/Contracted Services/Study		0		
Fixed Capital Construction/Major Renovation:				
Construction/Renovation/Land/ Planning Engineering		0		
Total State Funds Requested (must equal total from question #6) 1,500,000				

14. Program Performance

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

To have a fire apparatus that can respond to a variety of large and small emergencies with proper equipment that will more efficiently serve the local citizens and the surrounding communities.

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



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						LFIK # 3386
	mmand response, bas					
	rvices will be provide					
Effective and efficient and surrounding of	cient response to all loc communities.	cal emergencies c	onsistent with	the continue	d growth of the Ci	ty of Midway (City
d. Who is the targ	get population served	I by this project?	How many i	ndividuals ar	e expected to be	served?
Local citizens, as	well as surrounding m	utual aide reques	t form within tl	ne Gadsden (County.	
e. What is the exp be measured?	pected benefit or outo	come of this proj	ect? What is	the methodo	logy by which th	nis outcome will
Protection of life a	and rapid response tim	es. Outcomes will	be measured	l by the numb	er of calls reporte	d to the State and
	iggested penalties th			-		tandard penaltie
	•					
executed agreeme	nds to contracting ager ent.	icy for failure to m	eet deliverabi	es or periorm	ance measures a	s outlined in the
15. Requester Contac	et Information					
a. First Name	Henry	Last Name	Grant			
b. Organization	City of Midway		Orani			
_	hgrant@midwayfl.com					
d. Phone Number		Ext.				
16. Recipient Contact						
a. Organization	City of Midway					
b. Municipality an	d County Gadsden					
c. Organization Ty	уре					
□For Profit Entity	,					
□Non Profit 501(c)(3)					
□Non Profit 501(c)(4)					
☑Local Entity						
□University or Co	ollege					
□Other (please s	pecify)					
d. First Name	Henry	Last Name	Grant			

17. Lobbyist Contact Information

f. Phone Number (488)500-1917

e. E-mail Address hgrant@midwayfl.com



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a. Name	None
b. Firm Name	
c. E-mail Address	
d. Phone Number	