

LFIR # 3587

1. Project Title Gretna Fire Service Brush/Wildland Apparatus

2. Senate Sponsor Corey Simon

3. Date of Request 12/14/2023

4. Project/Program Description

Gretna Fire Rescue (department) is often called to assist neighboring departments and the Division of Forestry with brush and wild-land fires. Gretna Fire Rescue currently has no apparatus capable of providing the necessary mutual aid required to provide such assistance. This apparatus will provide the department with the necessary equipment to save lives and property when called upon for mutual aid.

| 5. State Agency to receive request | ted 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 | 310,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 310,000 |

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) | 310,000 | 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 | 310,000 | 100% |

8. Has this project previously received state funding? No

| Fiscal Year | Amount | | 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

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



LFIR # 3587

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

O Planning O Design O Construction O N/A

- 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.

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 | Brush/Wildland Apparatus - \$280,000 additional equipment to include stripping, radios and auxiliary/supplemental equipment \$30,000. | 310,000 | |
| Consultants/Contracted Services/Study | | 0 | |
| Fixed Capital Construction/Majo | r Renovation: | | |
| Construction/Renovation/Land/ Planning Engineering | | 0 | |
| Total State Funds Requested (m | Total State Funds Requested (must equal total from question #6) 310,0 | | |

14. Program Performance

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

Timely first response to calls for service with adequate and appropriate apparatus. Our current apparatus has aged-out and is currently non-functional. By providing these mutual-aid services timely, efficiently, and adequately to the Division of Forestry, there will be a dramatic impact on the City of Gretna's (City) and Gadsden County's (County) ability to protect wild-land and protected green spaces. More importantly, responding to the safety and well-being of our community and citizens is critical.

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



Providing these services timely, efficiently, and adequately will dramatically impact the City's and the County's ISO rating. More importantly, responding to the safety and well-being of our community and citizens is critical.

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

Rapid response to wildland/brush/grass fires, and to provide mutual aid to the Divison of Foresty

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

The citizens of Gretna and Gadsden County.

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

The expected benefit will be faster response times to calls for service and will expand capacity to meet needs of the community. Methodology to measure outcomes will be completed through reporting system(s).

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?

Return of remaining funds.

15. Requester Contact Information

| | a. First Name | Dr. Joe | Last Name | Parramore |
|-----|--------------------------|--|-----------|-----------|
| | b. Organization | City of Gretna, Fire/Rescue Department | | |
| | c. E-mail Address | drjparramore@gmail.com | | |
| | d. Phone Number | (850)510-0584 | Ext. | |
| 16. | Recipient Contact | Information | | |
| | a. Organization | City of Gretna, Fire/Rescue Department | | |
| | b. Municipality and | unicipality and County Gadsden | | |
| | c. Organization Type | | | |
| | □For Profit Entity | Profit Entity | | |
| | □Non Profit 501(c | □Non Profit 501(c)(3) | | |
| | □Non Profit 501(c)(4) | | | |
| | ☑Local Entity | | | |
| | □University or College | | | |
| | □Other (please specify) | | | |
| | d. First Name | Dr. Joe | Last Name | Parramore |
| | e. E-mail Address | drjparramore@gmail.co | m | |
| | f. Phone Number | (850)510-0584 | | |
| | | | | |

17. Lobbyist Contact Information



LFIR # 3587

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