



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1230

1. Project Title Florida Civil Air Patrol - Education, Training and Emergency Services Mission Support Volunteers

2. Senate Sponsor Jay Collins

3. Date of Request 1/28/2025

4. Project/Program Description

This project will provide the resources to expand education and training for Florida Civil Air Patrol volunteers in order to increase their proficiency, preparedness and knowledge so they can respond to, and effectively complete, all assigned tasks and missions as requested by all state agencies in support of the citizens of Florida by increasing the number of qualified (in all Emergency Services specialties) volunteers as well as provide the educational foundation for our youth (CAP cadets) in aerospace education, which includes STEM, flight training, leadership, and physical fitness. This project will also provide for the acquisition of needed equipment to support training and to complete assigned missions.

5. State Agency to receive requested funds Division of Emergency Management

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	250,000
Fixed Capital Outlay	0
Total State Funds Requested	250,000

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	250,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	250,000	50%
Total Project Costs for Fiscal Year 2025-2026	500,000	100%

8. Has this project previously received state funding? No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future-year funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year. 250,000

b. Describe the source of funding that can be used in lieu of state funding.

None



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction

a. What is the current phase of the project?

☐ Planning ☐ Design ☐ Construction ☐ 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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

12. 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		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other	Expenses - Aircraft and vehicle fuel and maintenance, 55%/ Equipment - radios, direction finders, cameras, imaging equipment, 20% / Travel- hotels, private vehicle fuel, training space rentals 23% / Supplies-2% processing materials. Printer toner/paper, equipment repairs.	250,000
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)		250,000

13. Program Performance

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

Increase the number of qualified and proficient volunteer members (in all specialties) in order to successfully complete all assigned missions state-wide in support of the citizens of Florida. This includes senior and cadet members.

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



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Education and training in all emergency services specialties for volunteer members (seniors and cadets) to qualify and to maintain proficiency in order to successfully complete all assigned missions in support of the citizens of Florida.

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

Emergency response by providing search and rescue (air and ground), pre and post emergency assessments and tracking. Post disaster support and recovery services (essential supplies-food, water, blood, etc.). Education and training for all volunteer citizens (Including cadets -middle and high schoolers) required to successfully work assigned missions.

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

All citizens of the State of Florida that are impacted by emergencies including natural disasters.

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

Florida Wing CAP will be prepared to expand the number of missions assigned and successfully completed by increasing the number of volunteers that are qualified and proficient to execute assigned emergency response missions and tasks. The number of qualified (all specialties) volunteer members available will be compared to the number from the previous year.

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 in the contract?

Funds revert back to the State.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

a. If Yes, what phase best describes the project?

- ☐ Mitigation (reducing or eliminating potential loss of life or property)
- ☐ Response (addressing the immediate and short-term effects of a natural disaster)
- ☐ Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?



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- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

18. Recipient Contact Information

- a. Organization
- b. Municipality and County

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 Last Name
- e. E-mail Address
- f. Phone Number Ext.

19. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number



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The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.