

**LFIR # 2034** 

1. Project Title	Orange City Fire	Station Hurricane	Rated Facility				
2. Senate Sponsor	Tom Wright						
3. Date of Request	2/19/2025						
4. Project/Program D	escription						
operations and bun hardened fire statio	kers. The City has p n, which is complete	reviously contracted to 30% design.	sed in a manufactured ed for architectural and The City owns property g architectural and des	l design for a new h / that would house t	ofitted to operate fire urricane rated or the new hurricane rated		
5. State Agency to re	ceive requested fu	inds Departr	nent of Financial Servi	ces			
State Agency cont	acted? No						
6. Amount of the Non	recurring Request	for Fiscal Year 2	025-2026				
Type of Funding	Type of Funding			Amount			
Operating				0			
Fixed Capital Outla	у		450,000				
<b>Total State Funds</b>	Requested		450,000				
7. Total Project Cost	for Fiscal Year 202	5-2026 (including	ı matching funds ava	ilable for this proje	ect)		
Type of Funding			Amount	Percentage			
	Requested (from que	estion #6)	450,000	50%			
Matching Funds							
Federal			0	0%			
State (excluding the amount of this request)			0 450,000	0%			
	Local			50%			
Other			0	0%			
<b>Total Project Cost</b>	s for Fiscal Year 2	025-2026	900,000	100%			
8. Has this project pr If yes, provide the	reviously received most recent insta		No				
Fiscal Year		ount	Specific	Vetoed			
(уууу-уу)	Recurring	Nonrecurring	Appropriation #				
9. Is future-year fund	ling likely to be rec	uested?	No				
a. If yes, indicate r	nonrecurring amou	ınt per year.					
b. Describe the so	urce of funding the	at can be used in	lieu of state funding.				
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Planning	<ul><li>Design</li></ul>	Construction	O N/A		
Is the project	"shovel ready" (	(i.e permitted)?		No	
. What is the e	stimated start da	te of construction?		07/01/2027	
d. What is the e	stimated comple	tion date of construc	tion?	10/31/2030	
e. What funding City general rev		sed for ongoing ope	rations a	nd maintenance	of the project?

### 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		0			
Consultants/Contracted Services/Study		0			
Fixed Capital Construction/Majo	r Renovation:				
Construction/Renovation/Land/ Planning Engineering	The project has two phases. First phase is to complete architectural and design for a hurricane rated Fire Station. The second phase is to construct the hurricane rated fire station on City owned property.	450,000			
Total State Funds Requested (must equal total from question #6) 450,00					

### 13. Program Performance

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

To ensure public safety operations are protected and remain viable in situations of extreme weather events, and therefore, ensure the ability to respond to the community needs for recovery after hurricanes and other weather related events that impact the citizens and the community.

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

Fire Station No. 68 serves the Orange City commercial corridor. The funding will facilitate the architectural and design being completed from 30% design to 100% design.



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	nsure over 16,000 citizens of Orange City have access to emergency fire services.
d.	Who is the target population served by this project? How many individuals are expected to be served?
O da	range City serves an estimated residential population of over 16,000, with a significant increase of an estimated 35,000 y time population that visit Orange City for medical, retail and eatery establishments.
	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will measured?
pe	he most critical benefit will be to provide a hurricane rated fire station that will ensure the safety of emergency properties of the coupled with ensuring the City's ability to respond before, during and after weather related events and seasters.
f. \	What are the suggested penalties that the contracting agency may consider in addition to its standard penaltie
foi	failing to meet deliverables or performance measures provided for in the contract?
T to	he contract will provide that the contractor would be subject to liquidated damages assessed on a daily basis for failure meet contractual obligations, to include completion or milestone dates.
. Is t	this project related to mitigation, response, or recovery from a natural disaster? No
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 infastructure)
b. N	ame of the natural disaster (or Executive Order # for events not under a federal declaration):
. Ha	s 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#:
	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
b. P	rovide the total project cost listed on the FEMA project worksheet:
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□ No						
☐ No, but intends to	o apply					
a. If yes, specify the	e program and state ager	ncy (ex. Loca	ıl Government Emergend	cy Bridge Loan, Department of		
Commerce):						
17. Requester Contact	t Information					
a. First Name	Christine	Last Name	Davis			
b. Organization	City of Orange City					
c. E-mail Address	cdavis@orangecityfl.gov					
d. Phone Number	(386)775-5491	Ext.				
18. Recipient Contact						
a. Organization	City of Orange City					
b. Municipality and	d County Volusia					
c. Organization Ty	ре					
□For Profit Entity						
□Non Profit 501(d	c)(3)					
□Non Profit 501(d	c)(4)					
☑Local Entity						
□University or Co	llege					
□Other (please sp	pecify)					
		] [		7		
d. First Name	Dale	Last Name	Arrington	]		
	darrington@orangecityfl.g	1 [		]		
f. Phone Number	(386)775-5408	Ext.				
19. Lobbyist Contact I						
a. Name	Robert F. Stuart Jr.					
b. Firm Name	GrayRobinson PA					
c. E-mail Address	robert.stuart@gray-robinson.com					
d. Phone Number	(850)577-9090					



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