

LFIR # 1009

1. Project Title	Indian Harbour E	Beach Fire Station	Annex Project		
2. Senate Sponsor	Debbie Mayfield				
3. Date of Request	10/17/2025				
4. Project/Program D					
-	•	e community's 58-v	ear-old fire station and	d ungrade the City (of Indian Harbour
Beach's (City) capa surrounding barrier housed in facility pro	bility to respond to e island communities eviously used as a rell as accommodation	emergencies within . The new annex w recreation center. Tons for laundry and	their jurisdiction and sould allow for the City he new annex would a decontamination. The	support responses t to shift from its curr allow for sleeping qu	o that of the rent fire station that is uarters to support 24-
5. State Agency to re	ceive requested fu	ınds Departm	ent of Financial Servi	ces	
State Agency conta	acted? Yes				
6. Amount of the Non	recurring Request	for Fiscal Year 20	26-2027		
Type of Funding			Amo	unt	
Operating				0	
Fixed Capital Outlay				875,000	
Total State Funds	Requested			875,000	
7. Total Project Cost f	for Fiscal Year 202	6-2027 (including	matching funds avai	ilable for this proje	ect)
-			•		
Type of Funding			Amount	Percentage	
Type of Funding Total State Funds R	Requested (from que	estion #6)	Amount 875,000	Percentage 35%	
Type of Funding Total State Funds R Matching Funds	Requested (from que	estion #6)		_	
Type of Funding Total State Funds R Matching Funds Federal			875,000	35%	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the			875,000 0 0	35% 0% 0%	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local			0 0 1,625,000	35% 0% 0% 65%	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	amount of this requ	uest)	875,000 0 0 1,625,000 0	35% 0% 0% 65% 0%	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local	amount of this requ	uest)	0 0 1,625,000	35% 0% 0% 65%	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	e amount of this requestions for Fiscal Year 20 eviously received	uest) 026-2027 state funding?	875,000 0 0 1,625,000 0	35% 0% 0% 65% 0%	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr If yes, provide the	e amount of this request for Fiscal Year 20 eviously received most recent instar	uest) 026-2027 state funding?	875,000 0 1,625,000 0 2,500,000 No Specific	35% 0% 0% 65% 0%	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr If yes, provide the	e amount of this request for Fiscal Year 20 eviously received most recent instar	uest) 026-2027 state funding? nce:	875,000 0 0 1,625,000 0 2,500,000 No	35% 0% 0% 65% 0% 100%	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr If yes, provide the	e amount of this request for Fiscal Year 20 eviously received most recent instar	uest) 026-2027 state funding? nce:	875,000 0 1,625,000 0 2,500,000 No Specific	35% 0% 0% 65% 0% 100%	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr If yes, provide the Fiscal Year (уууу-уу)	e amount of this request for Fiscal Year 20 eviously received most recent instandard Recurring	uest) 026-2027 state funding? nce: ount Nonrecurring	875,000 0 1,625,000 0 2,500,000 No Specific Appropriation #	35% 0% 0% 65% 0% 100%	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr If yes, provide the Fiscal Year (yyyy-yy) 9. Is future-year fund	e amount of this request for Fiscal Year 20 eviously received most recent instandard Recurring	state funding? nce: ount Nonrecurring	875,000 0 1,625,000 0 2,500,000 No Specific	35% 0% 0% 65% 0% 100%	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr If yes, provide the Fiscal Year (уууу-уу)	e amount of this request for Fiscal Year 20 eviously received most recent instandard Recurring	state funding? nce: ount Nonrecurring	875,000 0 1,625,000 0 2,500,000 No Specific Appropriation #	35% 0% 0% 65% 0% 100%	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr If yes, provide the Fiscal Year (yyyy-yy) 9. Is future-year fund a. If yes, indicate r	e amount of this request for Fiscal Year 20 eviously received most recent instandard Recurring ing likely to be requested amonrecurring amounts and the second seco	state funding? nce: Nonrecurring juested? int per year.	875,000 0 1,625,000 0 2,500,000 No Specific Appropriation #	35% 0% 0% 65% 0% 100%	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr If yes, provide the Fiscal Year (yyyy-yy) 9. Is future-year fund a. If yes, indicate r	e amount of this request for Fiscal Year 20 eviously received most recent instandard Recurring ing likely to be requested amonrecurring amounts and the second seco	state funding? nce: Nonrecurring juested? int per year.	875,000 0 1,625,000 0 2,500,000 No Specific Appropriation #	35% 0% 0% 65% 0% 100%	



10. Status of Construction

13. Program Performance

damage from natural disasters.

Planning

a. What is the current phase of the project?

Design

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?

Total State Funds Requested (must equal total from question #6)

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

The Florida Senate **Local Funding Initiative Request Fiscal Year 2026-2027**

N/A

No

09/01/2026

05/28/2027

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875,000

Complete questions 10 and 11 for Fixed Capital Outlay Projects

Construction

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

The City of Indian Harbour Beach upon its completion.	's (City) general fund would be used for operations and maintenance	for the annex
. List the owners of the facility to relationship between the owner	receive, directly or indirectly, any fixed capital outlay funding. In s of the facility and the entity.	clude the
City of Indian Harbour Beach.		
. Details on how the requested sta	ate funds will be expended	
Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/ Other		
Consultants/Contracted Services/Study		
Operational Costs		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/ Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Majo	or Renovation:	
Construction/Renovation/Land/ Planning Engineering	Funds to be utilized for construction of fire station annex.	875,00

The goal of this project is to replace the community's 58-year-old fire station and upgrade the City's capability to respond to emergencies within their jurisdiction and support responses to that of the surrounding barrier island communities. The new annex would allow for the City to shift from its current fire station that is in facility previously used as a recreation center. The project would include upgrades for storm-hardening to reduce the likelihood of



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

The current station is not capable of providing overnight accommodation or necessary health and safety amenities for our emergency responders. This has been identified as a critical need to support recruitment and retention of our volunteer firefighting personnel. This will markedly improve our response time to emergencies by allowing first responders to remain at the fire station overnight.

c. V	What direct services will be provided to citizens by the appropriation project?	
gei	modern facility provides the base of operations for functional living and community spaces to renerations, accommodate volunteers during all shifts, provide for community engagement and areas to foster continual education and skill development, all of which directly support improved retigation of emergency incidents and citizen requests for service.	dequate training
d. \	Who is the target population served by this project? How many individuals are expected	to be served?
Th	ne approximately 8,900 residents of the City and visitors to the community.	
	What is the expected benefit or outcome of this project? What is the methodology by wh measured?	ich this outcome will
	creased response time to calls for service and increased safety for fire department personnel welter in place during hurricanes.	ho are required to
f. V	What are the suggested penalties that the contracting agency may consider in addition to	its standard penalti
for	failing to meet deliverables or performance measures provided for in the contract?	
Fa	ailure to meet deliverables would result in a return of funding to the State of Florida.	
4. Is t	his project related to mitigation, response, or recovery from a natural disaster? Yes	
a. If	Yes, what phase best describes the project?	
\square	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 in	nfastructure)
b. Na	ame of the natural disaster (or Executive Order # for events not under a federal declarati	on):
Fut	ture natural disasters (hurricanes).	
5. Has	s the entity applied for or received federal assistance for this project?	
□ Y	es, Applied	
□ Y	es, Received	
☑ N	No	
	No, but intends to apply	
a. If	yes, provide the FEMA project worksheet ID#:	
a. 11	yes, provide the Lina project worksheet ion.	

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



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16. Has the entity app	olied for or received state	e assistance t	or this projec	t (other tha	n this request)?	
☐ Yes, Applied						
☐ Yes, Received						
☑ No						
☐ No, but intends t	o apply					
	e program and state age	ency (ex. Loca	al Governmen	it Emergenc	y Bridge Loan, Departme	nt of
Commerce):						
17. Requester Contact	t Information					
a. First Name	John	Last Name	Coffey			
b. Organization	City of Indian Harbour Be	each				
c. E-mail Address	jcoffey@indianhorbourbe	each.gov				
d. Phone Number	(321)773-3181	Ext.				
18. Recipient Contact		1				
a. Organization	City of Indian Harbour B	eacn		7		
b. Municipality and	<u> </u>]		
c. Organization Ty						
□For Profit Entity						
□Non Profit 501(d	c)(3)					
□Non Profit 501(d	c)(4)					
☑Local Entity						
□University or Co	ollege					
□Other (please sp	pecify)					
d. First Name	John	Last Name	Coffey			
e. E-mail Address	jcoffey@indianharbourbe	each.gov				
f. Phone Number	(321)773-3181	Ext.				
19. Lobbyist Contact I	Information					
a. Name	Jeffrey (Jeff) Hawes					
b. Firm Name	Corcoran Partners					
c F-mail Address	ieff@corcorannartners.c	om				



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d. Phone Number	(813)527-0172

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