

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

State Agency contacted?

Type of Funding

Fixed Capital Outlay

Operating

none

5. State Agency to receive requested funds

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Florida Civil Air Patrol Volunteers: Education, Training and Emergency

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

Division of Emergency Management

Amount

250,000

will also provide for the acquisition of needed equipment to support training and to complete assigned missions.

Services Mission Support

Jason Brodeur

No

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

11/13/2025

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Type of Funding			Amount	Percentage		
Total State Funds Requested (from question #6)			250,000 509			
Matching Funds						
Federal			0	0%		
State (excluding the	e amount of this requ	iest)	0	0%		
Local			0			
Other			250,000			
			500.000			
	ts for Fiscal Year 20 reviously received s		500,000 Yes	100%		
Has this project p		state funding? ace:	Yes	100% Vetoed		
Has this project p	reviously received s most recent instan	state funding? ace:	Yes			
Has this project p If yes, provide the	reviously received s most recent instan	state funding? nce: punt	Yes Specific Appropriation #			



10. Status of Construction

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Complete questions 10 and 11 for Fixed Capital Outlay Projects

a. What is the cu	urrent phase of t	he project?				
Planning	O Design	Construction	∙ N/A			
b. Is the project	"shovel ready"	(i.e permitted)?				
c. What is the es	stimated start da	te of construction?				
d. What is the es	stimated comple	tion date of construc	ction?			
e. What funding	stream will be u	sed for ongoing ope	rations a	and maintenanc	e of the project?	
		o receive, directly or rs of the facility and			oital outlay funding.	Include the
N/A						

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 & 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/Majo	or Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	nust 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?



14.

15.

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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?

o. What all out services will be provided to ditizens 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 wibe 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.
Is this project related to mitigation, response, or recovery from a natural disaster? No
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)
. Name of the natural disaster (or Executive Order # for events not under a federal declaration):
Has the entity applied for or received federal assistance for this project?
□ Yes, Applied
□ Yes, Received
□ No
□ No, but intends to apply
. If yes, provide the FEMA project worksheet ID#:
. 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	o apply						
a. If yes, specify the Commerce):		n and state age	ency (ex. Loca	al Government	Emergenc	y Bridge Loa	an, Department
17. Requester Contact	Informat	tion					
a. First Name	Adrian		Last Name	Cuarta			
b. Organization		Patrol Florida W	<u> </u>				
c. E-mail Address							
d. Phone Number			Ext.				
18. Recipient Contact	Informati	on					
a. Organization	Civil Air I	Patrol Florida W	/ing				
b. Municipality and	I County	Statewide					
c. Organization Ty	ре						
□For Profit Entity							
☑Non Profit 501(c	:)(3)						
□Non Profit 501(c	(4)						
□Local Entity							
☐University or Co	llege						
□Other (please sp	_						
Dottler (please sp	becity)						
d. First Name	David		Last Name	Panzera			
e. E-mail Address	david.pa	nzera@flwg.cap	p.gov				
f. Phone Number	(518)379	9-6773	Ext.				
19. Lobbyist Contact I	nformatio	on					
a. Name	None						
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.