

LFIR # 1409

1.	Project Title	Palm Bay Fire Station 8 (St. John's Preserve)					
2.	Senate Sponsor	Debbie Mayfield					
3.	Date of Request	11/18/2025					
4.	Project/Program Des	scription					
	The City of Palm Bay population in the north serve the fire station i	hwest section of th	e city and Heritage	for Fire Station 8. Fire High School. Through infrastructure for the a	h innovative design	the increased , this site work will	
5.	State Agency to rece	eive requested fu	nds Departm	ent of Financial Service	ces		
	State Agency contac	ted? Yes					
6	Amount of the Nonre	ocurrina Reguest	for Fiscal Vear 20	26-2027			
U.		.curring request	TOT TISCAL TCAL 20			1	
	Type of Funding Operating			Amou	unt		
	Fixed Capital Outlay			1,000,000			
	Total State Funds Re	eauested			1,000,000		
7.	Total Project Cost fo	r Fiscal Year 2020	6-2027 (including	matching funds avai	lable for this proje	ect)	
		auested (from aue	stion #6)	1,000,000	25%		
Total State Funds Requested (from question #6) 1,000,000 25% Matching Funds							
	Federal			0	0%		
	State (excluding the a	mount of this requ	iest)	0	0%		
	Local			3,059,530	75%		
	Other			0	0%		
	Total Project Costs	for Fiscal Year 20	26-2027	4,059,530	100%		
8. Has this project previously received state funding? If yes, provide the most recent instance:							
	Fiscal Year	Amo		Specific Appropriation #	Vetoed		
	(уууу-уу)	Recurring	Nonrecurring	Appropriation #			
9.	Is future-year fundin	g likely to be req	uested?	No			
a. If yes, indicate nonrecurring amount per year.							
b. Describe the source of funding that can be used in lieu of state funding.							



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a. What is the cu	irrent phase of th	ne project?					
Planning	O Design		A				
b. Is the project "shovel ready" (i.e permitted)?							
c. What is the es	stimated start dat	e of construction?	01/01/2027				
d. What is the estimated completion date of construction? 01/01/2028							
e. What funding stream will be used for ongoing operations and maintenance of the project?							
Local funding through the City.							
 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. 							
The City of Palr	m Bay						
2. Details on how t	the requested sta	ate funds will be expended					

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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/Major Renovation:					
Construction/Renovation/Land/ Planning Engineering	Land prep and other site work costs for the future Fire Station #8.	1,000,000			
Total State Funds Requested (must equal total from question #6) 1,000,000					

13. Program Performance

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

The specific purpose of this funding request is to provide the site work for Fire Station 8. This critical site will support the needs of the northwestern portion of the city. In addition to housing the station, this site is also being designed for shared storm water of the city's station development and future widening of Malabar Road.

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

The City has a prototype station currently designed and under construction. As such, the City will be able to move quickly to build the future fire station, using the prototype design. The City also has contracted Construction Manager at Risk (CMAR) firms to expedite construction of the station. Funding for the design and construction elements of the station will be planned for Fiscal Year 2027.



14.

15.

16.

☐ Yes, Received

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

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

Palm Bay Fire Rescue provides an all-hazard response so this fire station will provide immediate fire and FMS

. Has the entity applied for or received state assistance for this project (other than this request)?	
b. Provide the total project cost listed on the FEMA project worksheet:	
a. If yes, provide the FEMA project worksheet ID#:	
□ No, but intends to apply	
□ No	
□ Yes, Received	
☐ Yes, Applied	
. Has the entity applied for or received federal assistance for this project?	
b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):	
Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)	
Response (addressing the immediate and short-term effects of a natural disaster)	
☐ Mitigation (reducing or eliminating potential loss of life or property)	
a. If Yes, what phase best describes the project?	
Is this project related to mitigation, response, or recovery from a natural disaster? No	
Additional actions could include requiring corrective action plans, increasing oversight, or modifying contract terms.	
for failing to meet deliverables or performance measures provided for in the contract?	
f. What are the suggested penalties that the contracting agency may consider in addition to its standard pen	alti
The new fire station is expected to improve response times by six minutes and will likely decrease homeowners' insurance liability by improving the ISO rating. It will also house a mutual aid vehicle from Brevard County.	
be measured?	
e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome	wil
Residential occupancy, moderate commercial and a high school facility. 2500 - 3500+ citizens.	
d. Who is the target population served by this project? How many individuals are expected to be served?	
responses to this growing area, thereby reduicing response times for more efficient operations and performance of lissaving interventions.	fe



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□ 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	t Information					
a. First Name	Matthew	Last Name	Morton			
b. Organization	City of Palm Bay					
c. E-mail Address						
d. Phone Number	(321)952-3411	Ext.				
18. Recipient Contact						
a. Organization	City of Palm Bay/Fire Res	scue				
b. Municipality and	d County Brevard					
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	Richard	Last Name	E. Stover			
	Richard.stover@palmbay	7				
f. Phone Number	(321)726-2662	Ext.				
19. Lobbyist Contact I						
a. Name	Shawn Foster					
b. Firm Name	b. Firm Name Sunrise Consulting Group					
c. E-mail Address foster@scgroup.us						
d. Phone Number	• Number (727)808-4131					



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