



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1487

1. Project Title
2. Senate Sponsor
3. Date of Request

4. Project/Program Description

This request will be for a modernized facility to house fire and EMS operations in the Crossroads area of Hamilton County. The current facility is not constructed to commercial standards, has perennial pest and damage issues, and contains no restroom facilities. New facility will contain ADA complaint restrooms, a hardened shelter facility for first responders, and will meet all NFPA and current Florida building codes. Facility will also house community outreach programs and house full-time EMS/ Fire staff as well as support air transport of medical patients

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	2,401,031
Total State Funds Requested	2,401,031

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,401,031	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2026-2027	2,401,031	100%

8. Has this project previously received state funding?

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?

a. If yes, indicate nonrecurring amount per year.

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

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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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)?

Yes

c. What is the estimated start date of construction?

06/30/2026

d. What is the estimated completion date of construction?

06/30/2027

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

Project will require limited maintenance and upkeep once construction is complete. County budget should be sufficient for upkeep and maintenance on the facility.

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.

Hamilton County

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/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Request funding for construction of a new fire station to replace old facility that is not built to current standards. Funds are for construction of facility only design work is complete.	2,401,031
Total State Funds Requested (must equal total from question #6)		2,401,031

13. Program Performance

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

Current facility is not constructed to commercial standards. Has perennial pest and damage issues, contains no restroom facilities. New facility will contain ADA complaint restroom, a hardened shelter facility for first responders, and will meet all NFPA and current Florida building codes. Facility will also house community outreach programs and house full-time EMS/ Fire staff as well as support air transport of medical patients.

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



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Construction of a safer facility that is compliant with Florida building codes and all NFPA requirements. This facility will feature a hardened shelter for first responders as well as ADA compliant restrooms and a landing site for air transport of medical patients, and space for full-time fire and EMS staff.

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

Fire and EMS services will be located and dispatched from this location on a full-time basis. Additionally, there will be a landing pad for air-transport of medical patients from the site as need arises. Furthermore, the facility will house various community outreach programs that cannot currently be accommodated by the current facility.

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

This facility will serve the entire northern region of Hamilton County, some 5,000 to 7,000 people, in addition to response to incidents along the I-75 corridor.

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

The presence of a hardened shelter facility for first responders will allow the staging of emergency personnel during weather events for more rapid response after. Facility will also house community outreach programs and house full-time EMS/ Fire staff as well as support air transport of medical patients. Response times will fall and positive health/ property outcomes in the area will increase.

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?

Standard contract penalties are sufficient.

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



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d. Phone Number

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