



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2674

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The Lake City (City) Public Safety building houses the Lake City Police and Fire Departments and all servers for City computers. The current emergency generator has been in service for 18 years and is currently out of service. Replacing this unit will reduce downtime, costly repairs, and most of all keep our first responders connected to our citizens. The requested funds will keep this building operational when a power loss occurs. The HVAC chiller has failed and will have to be replaced along with the upgrading controls as the current equipment has become obsolete.

5. **State Agency to receive requested funds**

State Agency contacted?

6. **Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	422,000
Total State Funds Requested	422,000

7. **Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	422,000	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 2023-2024	422,000	100%

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future 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.**

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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If yes, indicate the amount of funds received and what the funds were used for.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction

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?

12. 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.

13. 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: Other		
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	HVAC and Backup Generator replacement.	422,000
Total State Funds Requested (must equal total from question #6)		422,000

14. Program Performance

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

Replacement of Backup generator and HVAC System.

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

The funds will benefit the citizens by keeping our public safety facility operating during power failures.

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



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Using the requested funds to replace equipment will allow first responders to be stationed and dispatched to our citizens from our public safety building.

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

12,000 Citizens

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

Utilizing state funds to replace equipment instead of budgeted funds.

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 the contract?

NA

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address



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d. Phone Number