



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1763

1. Project Title

Jacksonville Fire and Rescue Department Emergency Rescue & Response Equipment

2. Senate Sponsor

Clay Yarborough

3. Date of Request

02/17/2023

4. Project/Program Description

In coordination with the Florida Department of Emergency Management, Jacksonville Fire and Rescue Department (JFRD) was able to acquire five (5) 100 HP CAT skid steers that each have multiple attachments. These various attachments allow JFRD to use these pieces of equipment in numerous types of emergency responses. These pieces of equipment are part of the JFRD Heavy Equipment Team (HET) that supports JFRD's FLTF-5 Urban Search and Rescue (USAR) team, Emergency Road Access Teams (ERAT), while also performing wildland mitigation work to prevent the spread of forest fires. In the very short time JFRD has owned the skid steers, the equipment has been used to respond to several local and statewide disasters. Currently, JFRD has to piecemeal undersized trucks and trailers to move this equipment. JFRD needs dedicated transport equipment to rapidly move JFRD HET skid steers. JFRD is requesting additional pieces of heavy equipment to support/enhance the JFRD HET.

5. State Agency to receive requested funds

Department of Financial Services

State Agency contacted?

No

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

Type of Funding	Amount
Operations	855,000
Fixed Capital Outlay	0
Total State Funds Requested	855,000

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)	855,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	855,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	1,710,000	100%

8. Has this project previously received state funding?

No

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

9. Is future funding likely to be requested?

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

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

The City of Jacksonville has received \$178,442,663.00 in CARES Act funding. CARES Act funds have been used to provide COVID-19 testing and financial relief to citizens and businesses. The City of Jacksonville has received \$343,695,791 in American Rescue Plan Act funding.

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	These funds will be used to provide the following equipment: six trucks and gooseneck trailers to transport skid steers and excavators; a large-scale excavator for rapid response team; and a fuel truck to deploy on emergency response mission in remote or devastated areas.	855,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		855,000

14. Program Performance



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

The funding will assist the City of Jacksonville (COJ) in funding the Jacksonville Fire and Rescue Department (JFRD) in the response to both response to emergency events such as collapsed buildings, wildfires, missing person situations and other urgent issues. The funding will be matched with those provided by COJ to address the needs of vehicles and other equipment for the men and women of JFRD to respond to these crisis matters.

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

The funding will allow for a complete and more rapid response to disasters as needed for all citizens not only in Duval County but also throughout the state of Florida.

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

In the past year, the JFRD response team responded to the Surfside building collapse in Miami in order to assist in the recovery of survivors and victims. The response team also addresses the need for a rapid response to missing person cases, storm recovery and wildfire mitigation matters.

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

Residents impacted by disasters across the State of Florida.

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

The funding will allow for a complete and more rapid response to disasters as needed for all citizens not only in Duval County but also throughout the State of Florida.

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?

Termination of funding.

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



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☐ 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
d. Phone Number