



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2606

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The City of Gretna (City) is rebuilding its Fire/Rescue Services, as of the date of this application, the City has no working apparatus. The City will use this equipment to provide first response to calls for services regarding Fire/Rescue and Medical Assist Calls with Gadsden County Emergency Services. In addition, this equipment will ensure that the City's ISO continues to benefit the citizens of its service area. This equipment will ensure the safety and well-being of the community and its citizens. As of the most recent ISO Report the currently has an ISO rating of -10. Gretna, being a marginalized rural community, revenue streams are shallow, this project will be a much-needed asset to the citizens of Gretna and Gadsden County.

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	1,024,220
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,024,220</b>

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)	1,024,220	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>1,024,220</b>	<b>100%</b>

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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Yes

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

\$25,000.00 - PPE for Public Safety Officers and general sanitizing for public engagement activities.

## 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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Stock Pumper SO-047498 1000 gal, 1500 gpm, \$397,420.00 - Stock Mini Pumper/Brush Truck/Rescue 300 gal, 1500 gpm, \$284,000.00 - Stock Medium Rescue Cascade, Light and Air, \$487,400.00 - Extrication Equipment (battery), \$50,000.00 - Digital Radio's compatible with county's new radio system 17 units, \$31,000.00 - 5 Draegar SCBA, \$25,000.00 - Various Hose Sizes, \$15,000.00	1,024,220
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,024,220</b>

### 14. Program Performance

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



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The purpose is to have sufficient apparatus to provide adequate Fire/Rescue Services to the community of the City of Gretna (City), and additionally, provide mutual aid throughout Gadsden County. Our goal to substantially reduce the City's current ISO from a -10.

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

Timely First Response to calls for service with adequate and appropriate apparatus. Our current apparatus had aged-out and is currently non-functional. By providing these services timely, efficiently, and adequately will certainly have a dramatic impact on the City of Gretna's (City) and Gadsden County's ISO rating. More importantly, responding to the safety and well-being of our community and citizens is critical.

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

Timely First Response to calls for service with adequate and appropriate apparatus. Our current apparatus had aged-out and is currently non-functional. By providing these services timely, efficiently, and adequately will certainly have a dramatic impact on the City's and the County's ISO rating. More importantly, responding to the safety and well-being of our community and citizens is critical.

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

Citizens of Gadsden County. Additionally, we are responsible for approximately 20 miles of I-10.

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

The expected outcome will be a significant reduction the City of Gretna's (City) current ISO rating of a -10. Our current apparatus does not meet ISO standards and much of our equipment is out of date. The evaluation standards used will be that of the ISO and the Florida Fire Standards.

**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?**

Those will be negotiated with the State Fire Marshall Office.

**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



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☐ 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**

**d. Phone Number**