



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1300

1. Project Title

2. Senate Sponsor

3. Date of Request

**4. Project/Program Description**

Polk County Fire Rescue members will benefit from a mobile firefighter/EMS Rehab Apparatus/Unit that will enhance the health, safety, and performance of firefighting teams by providing essential medical care, rest, and support services. This demonstrates a commitment to employee welfare and reinforces the organization's ability to manage emergencies effectively while safeguarding the well-being of not only PCFR's personnel but other mutual aid partners while operating on scenes for extended hours.

The rehab unit will offer an on-site facility for immediate medical evaluation and treatment of firefighters/EMS personnel. It will ensure that any injuries or health issues resulting from emergency scene activities are promptly addressed, reducing the risk of complications, and promoting faster recovery.

5. State Agency to receive requested funds

State Agency contacted?  Yes

**6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

| Type of Funding                    | Amount           |
|------------------------------------|------------------|
| Operations                         | 1,125,000        |
| Fixed Capital Outlay               | 0                |
| <b>Total State Funds Requested</b> | <b>1,125,000</b> |

**7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

| Type of Funding                                      | Amount           | Percentage  |
|--|------------------|-------------|
| Total State Funds Requested (from question #6)       | 1,125,000        | 75%         |
| <b>Matching Funds</b>                                |                  |             |
| Federal  | 0                | 0%          |
| State (excluding the amount of this request)         | 0                | 0%          |
| Local  | 375,000          | 25%         |
| Other  | 0                | 0%          |
| <b>Total Project Costs for Fiscal Year 2024-2025</b> | <b>1,500,000</b> | <b>100%</b> |

8. Has this project previously received state funding?  No

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>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.

Cares Funding: \$126,467,997.40 (economic development, community health, etc.)  
 Nursing Home COVID Health Services: \$639,271.41  
 H&D: \$49,464,052.26 (facilities improvements, multi-family rental, rental eviction program, etc.)  
 ARP: \$141,233,774.00 (infrastructure/local govts, safety, etc.)  
 Library (Co-op (Federal \$): \$454,338.00  
 Total Federal \$: \$318,259,433.07

## 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    
  N/A

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                                | The funding requested will be appropriated for a new Rehab Apparatus/Unit for Polk County Fire Rescue. | 1,125,000        |
| 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>1,125,000</b> |

14. Program Performance



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

The mobile firefighter rehab apparatus/unit will enhance the health, safety, and performance of emergency services teams by providing essential medical care, rest, and support services during extended operations. The goal is to demonstrate a commitment to emergency services personnel in Polk County Fire Rescue and within our mutual aid areas and ensure that their welfare is a priority. Additionally, it will reinforce the Polk County Fire Rescue's capability to manage emergencies effectively while safeguarding the well-being of all personnel.

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

Activities will include cardiac monitoring, physiological monitoring (temperature, heart rate, breathing, etc.), and the overall physical and psychological wellbeing of all personnel on extended emergency incident scenes (i.e. brush fires, etc.).

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

The rehab apparatus/unit is a multi-use equipment and can be used in hurricane evacuation and mass casualty incidents within Polk County and mutual aid cities.

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

Target population served (internal) will be the emergency services personnel ranging from 50 - 150 who may be operating at any given time on an emergency scene. The county responds to over 130,000 calls for service annually. Target population (external stakeholders) to be served for the community is approximately 1,000,000.

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

The benefit of having a dedicated rehab apparatus will ensure members are returned to work without any health implications after an extended incident. Furthermore, having a dedicated unit will eliminate the need to transport members who may otherwise not be transported due to having a controlled environment/space to rest, recover and reset.

**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?**

The agency is prepared to report measurable outcomes related to the acquisition of the rehab apparatus/unit to include and not limited to: # of calls/deployments, # of personnel serviced, # of persons.

Deliverables specific to the county's procurement processes will include compliance with applicable NFPA 1901 (Apparatus), applicable KKK standards (as needed), and FAC 64J.

**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



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- 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

d. Phone Number