



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 2346

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Improve our maritime services for the boating community through the utilization of updated technology, more reliable boats and equipment, better communication with other agencies, and expanded training opportunities for members. Provide more resources for boating education to the public and promotion of services to boaters.

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

State Agency contacted?  Yes  No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="302,125"/>
<b>Total State Funds Requested</b>	<b>302,125</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="302125"/>	<input style="width: 80%;" type="text" value="100.0 %"/>
<b>Matching Funds</b>		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0 %"/>
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0 %"/>
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0 %"/>
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0 %"/>
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>302,125</b>	<b>100 %</b>

8. **Has this project previously received state funding?**  Yes  No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80%;" type="text"/>				

9. **Is future-year funding likely to be requested?**  Yes  No

If yes, indicate nonrecurring amount per year.



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 2346

10. 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		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Facilities, docks and boat maintenance and insurance, office supplies, printing, phones, storage, promotion, etc.	97,375
Consultants/Contracted Services/Study		
<b>Operational Costs: Other</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Outboard engine replacement, general boat equipment, communications and navigation electronics, safety equipment, uniforms and personal gear, training supplies, fuel, etc.. \$79,750  The purchase and outfitting of a new rescue boat to replace one that is need of retirement - estimated at \$125,000.	204,750
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>302,125</b>



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 2346

#### 11. Program Performance

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

Improve our maritime services for the boating community through the utilization of updated technology, more reliable boats and equipment, better communication with other agencies, and expanded training opportunities for members. Provide more resources for boating education to the public and promotion of services to boaters.

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

Replace a rescue boat in need of retirement and equip it with updated and reliable safety gear and navigational and communications equipment. They would also provide funding for training resources, gear for members that they currently pay for themselves, maintenance of boats and equipment and general administrative costs.

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

Working closely with the US Coast Guard, 911 Emergency Medical Response, and other state and local agencies, EC-SAR provides FREE 24-hour maritime assistance to the boaters of Tampa Bay. Services include: search and rescue services; Basic Life Support (BLS) medical response through Pinellas County 911 Dispatch; firefighting; missing persons or overdue vessel search coordination/execution; dewatering sinking vessels; aid to disabled and aground vessels.

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

EC-SAR serves a 500-square nautical mile area of response, adding to the maritime safety of Pinellas, Hillsborough and Manatee counties including 26 municipalities with resident populations totaling over 2.5 million people, including an estimated 105,602 registered boats. EC-SAR's service area ranges from Longboat Pass (27°26.00 N) to John's Pass (27°48.50 N) and 10 miles West into the Gulf of Mexico (082°55.70).

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

Maritime search and rescue assistance to boaters and others in the waters of Tampa Bay, including Basic Life Support Response through Pinellas County 911 Dispatch. Includes administering life-saving medical response; transporting to EMS; locating lost boaters; locating and retrieving victims, etc. Success in bringing persons and/or boats out of danger and into safety.

- 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?

Return of funds.



# The Florida Senate Local Funding Initiative Request Fiscal Year 2020-2021

LFIR # 2346

12. **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.**

N/A

13. **Requestor Contact Information**

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. **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

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.