

LFIR # 1962

1. Project Title	Holly Hill Fire Station Replacement

2. Senate Sponsor Tom Wright

3. Date of Request 02/22/2023

4. Project/Program Description

This project provides for the replacement of an approximately 5,900 square foot fire station in the City of Holly Hills. The current fire station was installed in 1992 and is not rated for hurricane force winds. Fire/Rescue personnel currently abandon the fire station in the event of natural disaster. The proposed replacement fire station will be a level IV essential structure per current Florida Building Code specifications and will allow for Fire/Rescue to staff to stage for disaster in the same location.

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	0
Fixed Capital Outlay	1,250,000
Total State Funds Requested	1,250,000

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)	1,250,000	50%	
Matching Funds			
Federal	0	0%	
State (excluding the amount of this request)	0	0%	
Local	1,250,000	50%	
Other	0	0%	
Total Project Costs for Fiscal Year 2023-2024	2,500,000	100%	

8. Has this project previously received state funding? No

Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		

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?

Yes

No



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

Approximatley \$7 Million for public safety and waste water treatment plant improvements.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

- 11. Status of Construction
 - a. What is the current phase of the project?

OPlanning ODesign OConstruction

- 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/Majo	or Renovation:	
Construction/Renovation/Land/ Planning Engineering	Construction of an approximately 5,900 square foot Fire Station, with 3,400 square feet of support areas and 2,500 square feet of equipment bays/storage areas. The site development will include a dedicated emergency generator to ensure that this building retains functionality in the event of a loss of power.	1,250,000
Total State Funds Requested (m	nust equal total from question #6)	1,250,000

14. Program Performance

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

Replace an existing fire station station that is not rated for hurricane winds and that must be evacuated during natural disasters with a level IV essential structure per current Florida Building Code specifications that allows Fire/Rescue use during storm events.



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

Fire/Rescue.

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

Fire/Rescue.

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

City citizens and visitors - 12,000.

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

Full use of a fire station 365 days of the year. Count days during storm events that previously would have required evacuation.

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?

If the City of Holly Hills fails to meet deliverables, performance measures and/or completion of the project, a penalty requiring reimbursement of appropriated funds received should be imposed.

15. Requester Contact Information

1

a. First Name	Joe	Last Name	Forte	
b. Organization	City of Holly Hill			
c. E-mail Address	jforte@hollyhillfl.org			
d. Phone Number	(386)248-9425	Ext.		
6. Recipient Contact	Information			
a. Organization	City of Holly Hill			
b. Municipality and	d County Volusia			
c. Organization Ty	ре			
□For Profit Entity	□For Profit Entity			
□Non Profit 501(c	□Non Profit 501(c)(3)			
□Non Profit 501(c)(4)				
☑Local Entity				
□University or College				
□Other (please sp	pecify)			
d. First Name	Joe	Last Name	Forte	
e. E-mail Address	jforte@hollyhillfl.org			
f. Phone Number	(386)248-9425			



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17. Lobbyist Contact Information

a. Name	Douglas S. Bell	
b. Firm Name	Metz Husband & Daughton PA	
c. E-mail Address	E-mail Address doug.bell@mhdfirm.com	
d. Phone Number	(850)205-9000	