



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1478

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Using City-owned land, this project will construct a public safety training facility for use by both our Police and Fire Rescue departments. The facility will provide both basic and advanced training for maneuvers and operations to enhance the tactical skills of both departments.

5. State Agency to receive requested funds

State Agency contacted?

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

| Type of Funding | Amount |
|------------------------------------|------------------|
| Operations | 0 |
| Fixed Capital Outlay | 1,850,000 |
| Total State Funds Requested | 1,850,000 |

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) | 1,850,000 | 92% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 150,000 | 8% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2024-2025 | 2,000,000 | 100% |

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?

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



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CARES Act - \$6,000,000 - through Hillsborough County for building, safety, and technology improvements.
 ARPA - \$19,900,000 - for governmental and enterprise fund infrastructure improvements.

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)? No

c. What is the estimated start date of construction? October 2025

d. What is the estimated completion date of construction? January 2027

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.

The City of Plant City is the property owner, the project owner, and the final facility owner.

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/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | Design, permitting, construction, and facility amenities | 1,850,000 |
| Total State Funds Requested (must equal total from question #6) | | 1,850,000 |

14. Program Performance

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

Funding will provide for the design and construction of a facility which will be used to further enhance the tactical abilities our our Police and Fire Rescue teams. Through advanced training, our residents will benefit from the improved skills of our first responders in critical-need situations.

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



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This facility will allow enhancement of the tactical abilities our our Police and Fire Rescue teams. Through advanced training, our residents will benefit from the improved skills of our first responders in critical-need situations.

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

Through advanced training, our residents will benefit from the improved skills of our first responders in critical-need situations.

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

This project will provide a training facility to be used first responders who are tasked with public safety of the city's 43,000 residents and additional visitors.

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

Enhanced training will result in improved assistance to our residents and visitors, measurable by a combination of reduced structural fire damage loss (through improved tactical response to fires), improved extraction times (through improved tactical response to fires, crashes, and search & rescue events), improved police operational activities (through improved tactical response to active shooter and barricaded subject or hostage situations), and improved physical capabilities for firefighters and officers (through enhanced training apparatus availability).

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 fails to complete the proposed project, the City would reimburse any appropriations funds received for the project.

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
- Other (please specify) municipal government

d. First Name **Last Name**



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e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number