



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3590

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The City of Bonifay (City) is in need of first responder emergency equipment. These resources are critical for our first responders to ensure they have the resources needed to serve the citizens by facilitating and carrying out emergency services. The emergency equipment will enable our first responders to mitigate, prepare and respond to emergency events. The City of Bonifay is located in Holmes County and is designated as a Rural Area of Critical Economic Concern.

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	400,000
Fixed Capital Outlay	0
Total State Funds Requested	400,000

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)	400,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	400,000	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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The City received approximately \$1.2 million and used it towards a variety of projects.

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? 1/1/2024

d. What is the estimated completion date of construction? 4/1/2024

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.

City of Bonifay - Self

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	Purchase of equipment.	400,000
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		0
Total State Funds Requested (must equal total from question #6)		400,000

14. Program Performance

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

The City of Bonifay Fire Rescue Department desires to purchase much needed emergency equipment. These resources are critical for our first responders to ensure they have the resources needed to serve the citizens by facilitating and carrying out emergency services. The emergency equipment will enable our first responders to mitigate, prepare and respond to emergency events. The City of Bonifay is located in Holmes County and is designated as a Rural Area of Critical Economic Concern.

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



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Faster response times and improved first responder health. Enhanced ability to respond with reliable life safety equipment and transport. Reduction in response time creating a reduction in ISO rating, providing a reduction in insurance premiums for businesses and residences in the City of Bonifay. Problems related to stagnant water reduced or eliminated. Fire suppression capabilities enhanced.

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

Disaster response times and improved first responder health. Enhanced ability to respond with reliable life safety equipment and transport. Reduction in response time creating a reduction in ISO rating, providing a reduction in insurance premiums for businesses and residences in the City of Bonifay. Problems related to stagnant water reduced or eliminated. Fire suppression capabilities enhanced.

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

The target population are the citizen of Bonifay and Holmes County (2700 and 20000, respectively). As well as, visitors and guests to the area. Bonifay Fire Rescue is 100% volunteer and responds to over 600 calls for service each year.

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

Reduction in response times. Measures to evaluate improved access and quality of emergency care. Reduction in insurance premiums. Increased number of flushes per year and corresponding reduction in number of customers impacted by water quality issues.

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 contracting agency, City of Bonifay will establish a critical path with date specific targets for pre-development. Once bids are received and awarded for the project, the contract will have specific contract completion dates, if not met contractor will be subject to liquidated damages, assessed on a daily basis.

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)



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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