

# The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1832

| 1. Project Title  | Baker County New Pumper/Tank   | vor Eiro Apparatus                                      |  |  |
|---|--|---|--|--|
| i. Project Title  | Daker County New Fulliper/Talls  | ver i ile Apparatus                                     |  |  |
| 2. Senate Sponsor   | Jennifer Bradley   |   |  |  |
| 3. Date of Request  | 01/27/2023   |   |  |  |
| 4. Project/Program D  | escription   |   |  |  |
| allow up to four firef<br>structure or other m<br>crew efficiency and | questing funding to purchase a new ighters to arrive at one time on a sin ajor fire emergency. The new pump effectiveness. Baker County protect to protect our growing population. | gle unit, rather than on to<br>per tanker combination u | hree units which are<br>nit meets NFPA 171 | e currently utilized for a<br>10 recommendations for |
| 5. State Agency to re   | ceive requested funds Depar  | rtment of Financial Servi                               | ces  |  |
| State Agency conta  |  |   |  |  |
|   | recurring Request for Fiscal Year  | 2023-2024   |  |  |
|   | recurring request for Fiscal Tear  |   | umt  |  |
| Type of Funding Operations  |  | Amo   | ount                                       |  |
| Fixed Capital Outla   | M  |   | 650,000                                    |  |
| Total State Funds   |  |   | 650,000                                    |  |
| 7. Total Project Cost   | for Fiscal Year 2023-2024 (includin  | ng matching funds ava                                   | ilable for this proje                      | ect)   |
| Type of Funding   |  | Amount  | Percentage                                 |  |
|   | Requested (from question #6)   | 650,000   | 93%  |  |
| Matching Funds  |  |   |  |  |
| Federal   |  | 0   | 0%   |  |
|   | e amount of this request)  | 0   | 0%   |  |
| Local   |  | 50,000  | 7%   |  |
| Other   |  | 0   | 0%   |  |
| <b>Total Project Cost</b>   | s for Fiscal Year 2023-2024  | 700,000   | 100%                                       |  |
| 8. Has this project pr  | reviously received state funding?  | No  |  |  |
| Fiscal Year   | Amount   | Specific "  | Vetoed                                     |  |
| (уууу-уу)   | Recurring Nonrecurring   | Appropriation #   |  |  |
|   |  |   |  |  |
| 9. Is future funding li   | kely to be requested?  | No  |  |  |
| a. If yes, indicate r   | nonrecurring amount per year.  |   |  |  |
| b. Describe the so  | urce of funding that can be used i   | n lieu of state funding.                                |  |  |
| Local funding   | <del>-</del>   |   |  |  |
| -   |  |   |  |  |
| 10. Has the entity rec  | questing this project received any   | federal assistance rela                                 | ted to the COVID-                          | 19 pandemic?   |
| Yes   |  |   |  |  |



11. Status of Construction

a. What is the current phase of the project?

### The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1832

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

\$2.8 million- Countywide 911 Communications system update, including dispatch center and all new radio equipment, construction of a new fire station, roof replacement to the library, recreation improvements, other general government services.

### Complete questions 11 and 12 for Fixed Capital Outlay Projects

| <ul><li>Planning</li></ul> | ODesign         | Construction  |         |                                  |
|----------------------------|-----------------|---|---------|----------------------------------|
| b. Is the project          | ct "shovel read | y" (i.e permitted)?   | Yes     |                                  |
| c. What is the             | estimated start | date of construction?   | 05/2023 |                                  |
| d. What is the             | estimated com   | pletion date of construction?   | 12/2023 |                                  |
|                            |                 | y to receive, directly or indirect yners of the facility and the enti |         | ital outlay funding. Include the |
| Baker Count                | v Board of Coun | ty Commissioners will own this ed                                     | uipment |                                  |

#### 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/<br>Other           |                                   | 0       |
| Consultants/Contracted<br>Services/Study              |                                   | 0       |
| Operational Costs: Other                              |                                   |         |
| Salary and Benefits                                   |                                   | 0       |
| Expense/Equipment/Travel/Supplies/<br>Other           |                                   | 0       |
| Consultants/Contracted<br>Services/Study              |                                   | 0       |
| Fixed Capital Construction/Majo                       | r Renovation:                     |         |
| Construction/Renovation/Land/<br>Planning Engineering | Purchase of equipment             | 650,000 |
| <b>Total State Funds Requested (m</b>                 | ust equal total from question #6) | 650,000 |

#### 14. Program Performance

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

This Pumper Tanker Combination Unit will be used to directly protect the citizens of Baker County as the first response unit to 580 square miles and mutual aid to a surrounding community with a total County population estimated at nearly 30,000 people.

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



15.

16.

□Other (please specify)

### The Florida Senate **Local Funding Initiative Request Fiscal Year 2023-2024**

LFIR # 1832

Protection from fire with enhanced pumping and an increased water supply; provide for rescue such as vehicle extrications; and emergency medical services such as critical emergency medical calls.

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

| apparatus to provide service to the community. Firefighters will be able to arrive together as one team, prepared to mee |
|--|
| the emergency in a more efficient and effective manner, by utilizing pre-arrival planning.                               |
|  |

| o. What all cot so  | viocs will be provided to   | OILIZOIIS BY     | ne appropria     | ition project.   | ı                 |                                      |
|---------------------|---|------------------|------------------|------------------|-------------------|--------------------------------------|
| apparatus to provid | etter protected from fire and<br>de service to the communi<br>a more efficient and effecti              | ty. Firefighters | s will be able t | to arrive toget  | her as one tear   | equipped fire<br>m, prepared to meet |
| d. Who is the targ  | et population served by   | this project?    | How many in      | ndividuals aı    | e expected to     | be served?                           |
| General Population  | n. 28,000.  |                  |                  |                  |                   |                                      |
| e. What is the exp  | ected benefit or outcome  | e of this proj   | ect? What is     | the methodo      | logy by which     | this outcome will                    |
| be measured?        |   |                  |                  |                  |                   |                                      |
| to emergency. Able  | erty losses and fire casualt<br>e to work more efficiently o<br>e measurable with decreas<br>o respond. | on critical eme  | ergency medic    | al resuscitation | on calls (pit cre | w approach). Newer                   |
| f. What are the su  | ggested penalties that th   | ne contracting   | g agency ma      | y consider ir    | addition to it    | s standard penalties                 |
| for failing to meet | deliverables or performa  | ance measur      | es provided f    | for the contr    | act?              |                                      |
| liquidated damage   | es  |                  |                  |                  |                   |                                      |
| Requester Contact   | t Information   |                  |                  |                  |                   |                                      |
| a. First Name       | Sara  | Last Name        | Little           |                  |                   |                                      |
|                     |   |                  | Little           |                  |                   |                                      |
| b. Organization     | Baker County Administra   |                  |                  |                  |                   |                                      |
|                     | sara.little@bakercountyfl   | 7 1              |                  |                  |                   |                                      |
| d. Phone Number     |   | Ext.             |                  |                  |                   |                                      |
| Recipient Contact   | Information   |                  |                  |                  |                   |                                      |
| a. Organization     | Baker County Administra   | tion             |                  |                  |                   |                                      |
| b. Municipality and | d County Baker  |                  |                  |                  |                   |                                      |
| c. Organization Ty  | ре  |                  |                  |                  |                   |                                      |
| ☑For Profit Entity  |   |                  |                  |                  |                   |                                      |
| □Non Profit 501(c   | :)(3)   |                  |                  |                  |                   |                                      |
| □Non Profit 501(c   | :)(4)   |                  |                  |                  |                   |                                      |
| □Local Entity       |   |                  |                  |                  |                   |                                      |
| □University or Co   | llege   |                  |                  |                  |                   |                                      |

|                   |                            | 1         |        |
|-------------------|----------------------------|-----------|--------|
| d. First Name     | Sara                       | Last Name | Littlw |
| e. E-mail Address | sara.little@bakercountyfl. | org       |        |



# The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1832

| f. Phone Number                  |                                      |  |  |  |  |
|----------------------------------|--------------------------------------|--|--|--|--|
| 17. Lobbyist Contact Information |                                      |  |  |  |  |
| a. Name                          | Chris B. Doolin                      |  |  |  |  |
| b. Firm Name                     | Christian B. Doolin & Associates LLC |  |  |  |  |
| c. E-mail Address                | cdoolin@doolinandassoc.com           |  |  |  |  |
| d. Phone Number                  | (850)508-5492                        |  |  |  |  |