



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2058

1. Project Title
2. Senate Sponsor
3. Date of Request

4. Project/Program Description

Fort Meade is a disadvantaged municipality in southern Polk County. Currently fire protection services are provided by a volunteer fire department that operates using outdated equipment that should be in reserve status per Florida Statute. The City of Fort Meade is in need of replacement fire engines to comply with requirements for providing fire protection services. The City of Fort Meade seeks to purchase two fire engines to replace outdated equipment.

5. State Agency to receive requested funds
- State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

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

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)	1,000,000	83%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	200,000	17%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	1,200,000	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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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

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	Funds to be used directly for purchase of two new fire engines.	1,000,000
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)		1,000,000

14. Program Performance

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

Purchase of two new fire engines.

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

Purchase of two new fire engines.

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

Fire protective and medial first responder services to be provided using these fire engines.



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

Residents of Fort Meade. Population in excess of 6,200.

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

Modern equipment that is in compliance with state statute.

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?

Non-payment of invoices.

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)

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