



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1779

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Purchase of a rescue ambulance for the Islamorada Fire Rescue Department to be used as a first due apparatus in response to fires, motor vehicle crashes and emergency rescues and to transport patients. The rescue ambulance would replace an aging piece of equipment that experiences frequent mechanical failures.

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	190,000
Fixed Capital Outlay	0
Total State Funds Requested	190,000

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)	190,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	190,345	50%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	380,345	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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Total CARES Act funds received = \$847,392 - for costs related to healthcare providers fighting the COVID-19 pandemic. Total American Rescue Plan Act funds received = \$3,163,892 - revenue replacement/provision of government services.

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)?

No

c. What is the estimated start date of construction?

n/a

d. What is the estimated completion date of construction?

n/a

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.

Islamorada, Village of Islands is the local government that would receive the funding and would be the owner of the rescue ambulance when received.

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	Purchase of rescue ambulance.	190,000
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)		190,000

14. Program Performance

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

A rescue ambulance is an essential piece of apparatus that makes responding to and transporting patients possible. The application of the funds, if awarded, would be to replace an aging, mechanically unsound vehicle with a new reliable apparatus.

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



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A new rescue truck will be used as a front line Advanced Life Support (ALS) response and transport apparatus, as well as a front line Fire/Rescue response vehicle.

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

The vehicle will provide 911 emergency response, advanced life support, to patients in need including transport to an appropriate receiving facility. In addition, the vehicle will be outfitted with a compliment of fire/rescue equipment making it a first due apparatus to fires, motor vehicle crashes and rescues.

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

All segments of the population in our response area may sustain injuries severe enough to require ambulance response. The populations most served would be elderly persons, persons with poor physical health and persons with physical disabilities. The tourist population would also be served when involved in vehicular accidents, boating accidents, and when severe injuries are sustained during diving, snorkeling and other recreational activities. The individuals expected to be served would number over 800.

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

Our ability to respond without interruption will be the measure of success of this award. The current vehicle is experiencing frequent mechanical failures. Supply chain shortages and limited qualified service technicians have resulted in minor issues becoming extended periods out of service. Formerly short periods to repair now takes days or weeks. Replacing the old truck will mitigate down time. A repair and maintenance cost comparison can be performed following a year or two of the new truck being in service.

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 Village of Islands would be required to repay any prepaid costs to the State of Florida if the funded activities are not completed.

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



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☐ 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