



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3100

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

4. Project/Program Description

The City of Fort Meade (City) is requesting funding for construction of new and rehab of old fire house including relocation of a sewer line beneath the fire house. The Fort Meade Fire House is over 40 years old. The City has changed the fire department from an all volunteer department to a hybrid of full time, part time and volunteer department. With new personnel, there is a need for sleeping quarters, kitchen facilities, training rooms and other building infrastructure. The building also "sits" on a sewer line from decades ago that is still functional. We have the need to relocate the sewer line while simultaneously rehabbing the building with hardening upgrades and furnishings. Mold and asbestos abatement would remove the hazard posed to firefighters residing at the facility since the abatement would be on the second floor living quarters (currently unused).

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	3,000,000
Total State Funds Requested	3,000,000

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)	3,000,000	99%
Matching Funds		
Federal	40,000	1%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	3,040,000	100%

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	750,000		No

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.**

Local funding at much reduced levels of approximately \$40,000.per year.

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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

\$5M CV Broadband grant currently under environmental review. Also ARPA funds are currently targeted for infrastructure projects of great need that include sewer/ water supply for the city.

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)?

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.

The City of Fort Meade would be the direct beneficiary as we are the owner of the site.

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	Construction of new space for fire equipment and trucks, training areas, storm hardening, rehab construction of existing building - adding interior improvements with furnishings for full time fire fighter, kitchen, sleeping quarters. Relocate sewer line beneath existing building.	3,000,000
Total State Funds Requested (must equal total from question #6)		3,000,000

14. Program Performance

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



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Mold and asbestos abatement would remove the hazard posed to firefighters residing at the facility since the abatement would be on the second floor living quarters (currently unused). Additional hardening of the building for storms would increase safety for first responders. Added training rooms areas to maintain certifications. removal of sewer line below fire department would alleviate access to connector sewer lines should a problem arise with sewer maintenance. The building since its construction was not intended to be a fire house. It has been retrofitted over the years and needs safety and better living conditions. An exhaust abatement system also would prevent hazardous fumes to fire personnel.

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

Improved building to lower continued maintenance costs providing safety to fire personnel and visitors.

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

Fire fighter services/ first responder to residents and businesses of Fort Meade.

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

Direct benefit to the City residents and businesses of Fort Meade plus surrounding communities based on mutual aid agreements with other government entities.

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

Benefit overall would be a safer building with longevity construction and hurricane hardened for safety to the first responders and quicker access to the community.

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) Municipality



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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