

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

LFIR # 1961

Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr Fiscal Year (yyyy-yy) 9. Is future funding li a. If yes, indicate re	for Fiscal Year 2023-2023-2023-2023-2023-2023-2023-2023	2024 e funding? conrecurring	Amount 500,000 0 500,000 0 1,000,000 No Specific Appropriation #		ect)	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr Fiscal Year (yyyy-yy) 9. Is future funding li	e amount of this request) s for Fiscal Year 2023-2 eviously received state Amount Recurring No	2024 e funding? onrecurring	Amount 500,000 0 500,000 0 1,000,000 No Specific Appropriation #	Percentage	ect)	
7. Total Project Cost of Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr	e amount of this request) s for Fiscal Year 2023-2 eviously received state Amount	2024 e funding?	Amount 500,000 0 0 500,000 1,000,000 No Specific	Percentage	ect)	
7. Total Project Cost of Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr	e amount of this request) s for Fiscal Year 2023-2 eviously received state Amount	2024 e funding?	Amount 500,000 0 0 500,000 1,000,000 No Specific	Percentage	ect)	
7. Total Project Cost of Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr	e amount of this request) s for Fiscal Year 2023-2 eviously received state	2024	Amount 500,000 0 0 500,000 1,000,000 No Specific	Percentage	ect)	
7. Total Project Cost of Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs	e amount of this request) s for Fiscal Year 2023-2	2024	Amount 500,000 0 0 500,000 0 1,000,000	Percentage 50% 0% 0% 50% 0%	ect)	
7. Total Project Cost for Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	e amount of this request)	n #6)	Amount 500,000 0 0 500,000 0	Percentage 50% 0% 0% 50% 0%	ect)	
7. Total Project Cost of Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local	Lequested (from question		Amount 500,000 0 0 500,000	Percentage 50% 0% 0% 50%	•	
7. Total Project Cost to Type of Funding Total State Funds R Matching Funds Federal State (excluding the	Lequested (from question		Amount 500,000	Percentage 50% 0%	•	
7. Total Project Cost for Type of Funding Total State Funds R Matching Funds Federal	Lequested (from question		Amount 500,000	lable for this proje Percentage 50%	•	
7. Total Project Cost to Type of Funding Total State Funds R Matching Funds			Amount 500,000	lable for this proje Percentage 50%	•	
7. Total Project Cost to Type of Funding Total State Funds R			Amount	lable for this proje	•	
7. Total Project Cost f			Amount	lable for this proje	•	
7. Total Project Cost	for Fiscal Year 2023-202	24 (including		lable for this proj	•	
Total State Funds				500,000		
Operations Fixed Capital Outlay	<i>I</i>		500,000			
Type of Funding			Amou	_		
	recurring Request for F	Fiscal Year 20			1	
5. State Agency to re State Agency conta	ceive requested funds acted? No	Departmo	ent of Financial Servic	ces		
station with emerge	ncy response to meet the	e needs of Ora	nge City.	-		
The primary day-to- Information Technol	day functions will encom logy; and Emergency Ma	pass: Fire Sup anagement. Fu	pression; Fire Adminis	stration, Fire Preve plan, design and co	ention; Public Education; enstruct a hardened fire	
unsafe existing fire	s of building a hardened station. The City of Orange City to safely house em , the facility will serve the	ge City (City) is ergency servic	s looking to harden the e personnel pre-, duri	e facility to Categor	ry 5 standards. This r natural disaster	
4. Project/Program D	<u> </u>					
3. Date of Nequest	02/22/2023					
3. Date of Request						
2. Senate Sponsor	Tom Wright					
·	Orange City Multipurp Tom Wright	pose Rescue F	acility			



Other

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

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0

0

0

500,000

500,000

No			·
If yes, indicate the amount of	funds received and what th	ne funds were used for.	
Complete questions 11	and 12 for Fixed Ca	apital Outlay Proje	ects
11. Status of Construction			
a. What is the current phase o	f the project?		
OPlanning ODesign	Construction		
b. Is the project "shovel ready	" (i.e permitted)?		
c. What is the estimated start	date of construction?		
d. What is the estimated comp	letion date of construction	1?	
12. List the owners of the facility relationship between the own	to receive, directly or indiners of the facility and the	rectly, any fixed capital o entity.	outlay funding. Include the
13. Details on how the requested	state funds will be expend	led	
Spending Category		Description	Amount
Administrative Costs:			
Executive Director/Project Head Salary and Benefits			
Other Salary and Benefits			C
Expense/Equipment/Travel/Supplies	5/		

14. Program Performance

Planning Engineering

Consultants/Contracted

Consultants/Contracted Services/Study

Operational Costs: Other

Construction/Renovation/Land/

Expense/Equipment/Travel/Supplies/

Fixed Capital Construction/Major Renovation:

Services/Study

Salary and Benefits

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

center.

Total State Funds Requested (must equal total from question #6)

Design/Construct new fire department and emergency response



15.

16.

☑Local Entity

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The project consists of building a hardened fire station/essential employee shelter/EOC to replace an inadequate and unsafe existing fire station. The City of Orange City is looking to harden the facility to Category 5 standards. This project will allow the City to safely house emergency service personnel pre-, during, and post- major natural disaster events. Additionally, the facility will serve the City of Orange City's Fire Department and provide immediate emergency response.

Additionally, the ra	cliffy will serve the City of C	Jiange City S	rife Department and prov	ide ininediate emergency response.
Education, Informa		rgency Manag	gement. Funding will be us	on, Fire Prevention, Public sed to plan, design and construct a
b. What activities	and services will be prov	vided to mee	t the intended purpose o	f these funds?
Design and Const	ruction of a new fire station	n and emerge	ncy operations facility.	
c. What direct ser	vices will be provided to	citizens by t	he appropriation project	?
Fire station and en	mergency response center			
d. Who is the targ	et population served by t	this project?	How many individuals a	re expected to be served?
Volusia County ar	nd the City of Orange City,	Population 1	1,100.	
-	ected benefit or outcome	of this proj	ect? What is the method	ology by which this outcome will
be measured?				
The fire departme will directly provide	nt provides day-to-day ope e response and safety to th	erations and re e citizens of (esponse for any fire related Orange City.	d emergency calls. This department
f. What are the su	ggested penalties that th	e contractin	g agency may consider i	n addition to its standard penalties
for failing to meet	deliverables or performa	ance measur	es provided for the conti	act?
met. The Insurance department, including the prevails	e Services Office (ISO) Ra ing staffing levels, training alence of fire hydrants and ncy communications syster	ting is based and proximity how much wa	off the following 50% come of the firehouse, 40% cor	sures. FDEP permitting requirements es from the quality of your local fire mes from availability of water supply, fires, 10% comes from the quality of
a. First Name	Dale	Last Name	Arrington]
b. Organization	City of Orange City	Last Hame	Amigon]
c. E-mail Address	darrington@orangecityfl.c	NOV		
d. Phone Number		Ext.		
Recipient Contact				-
a. Organization	City of Orange City			
b. Municipality and	d County Volusia			
c. Organization Ty	pe			
□For Profit Entity				
□Non Profit 501(c	c)(3)			
Non Profit 501(c				
	/ \ /			



17.

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□University or College					
□Other (please specify)					
d. First Name	Dale	Last Name	Arrington		
e. E-mail Address	darrington@orangecityfl.g	jov			
f. Phone Number	(386)775-5408				
Lobbyist Contact I	nformation				
a. Name	Robert F. Stuart Jr.				
b. Firm Name	GrayRobinson PA				
c. E-mail Address	robert.stuart@gray-robins	son.com			
d. Phone Number	(850)577-9090				