



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1652

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

There are currently 19 towers located throughout the county, however South Lake needs an additional public safety radio tower to expand the countywide radio infrastructure in the area of significant growth south of Clermont in the Wellness Way area to include State Road 429, and the newly approved State Road 516. The expansion is necessary to sustain the daily and future demand from Lake County's ASTRO 25 radio system for local, regional (surrounding counties), state and federal public safety agencies.

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	1,000,000
Total State Funds Requested	1,000,000

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)	1,000,000	40%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	1,500,000	60%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	2,500,000	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?



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

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.

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	Once the studies and contracted construction/engineering services are accomplished, the remaining expense will be associated with acquiring the necessary equipment and the installation of the same.	500,000
Consultants/Contracted Services/Study	Complete necessary permitting and construction documentation for all local, state, and federal guidelines.	100,000
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	The requested funding would go towards the engineering and construction costs associated communications infrastructure necessary to complete the project.	400,000
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?



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

First Responder radio communications for law, fire, and medical services for necessary emergency response and protection of the identified area. This includes, but is not limited to, evacuations during emergency events and joint responses to daily public safety needs.

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

First Responder emergency dispatch and communication services for law, fire, and medical services providing necessary emergency response and protection in the identified area. This includes, but is not limited to, evacuations during emergency events, as well as, interoperability during mutual aid responses that include multiple local, regional, state and federal agencies.

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

All citizens, visitors, and First Responders in Lake County will be served and will benefit from these services. Population for Lake County is estimated at 410,139 and rising daily. This reflects an approximated 7% growth rate over the previous census data of 383,959. Population numbers do not include temporary residents or visitors traveling through Lake County. This project targets all individuals that use Lake County roadways and infrastructure regardless of residency.

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

Provide critical response services to ensure the protection of life and property of Lake County residents and businesses to serve the people, support our communities, and safeguard the quality of life. The outcome will be measured by analyzing the volume and response to law, fire, and medical calls for service. In Lake County, there were 10,337,460 radio transmissions and 225,155 calls for service through 911 during the last reporting period. This is trending to increase as the population and visitors increase.

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?

A pro rata return of state dollars would be appropriate if the project does not perform as expected.

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



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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