



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2175

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

4. Project/Program Description

Palm Harbor Fire Rescue urgently seeks assistance to purchase two new generators that will keep our fire stations fully operational in the aftermath of both man-made and natural disasters. During these types of disasters power outages can last from hours to weeks, making it critical to have reliable backup power. The requested funds are part of a larger construction project that was originally projected to cost \$5,200,000, however due to supply chain shortages and record high inflation the project is now estimated to cost \$7,200,000. The department currently has \$6,700,000 allocated for construction. This request will assist the department with the shortfall and ensure the fire stations are fully operational. One generator will be used at a new fire station that is expected to break ground by January of 2024. The second generator will be used to replace a 23 year old generator that has suffered severe corrosion from its exposure to the elements.

5. **State Agency to receive requested funds**
- State Agency contacted?** No

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	200,000
Total State Funds Requested	200,000

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)	200,000	3%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	5,500,000	76%
Other	1,500,000	21%
Total Project Costs for Fiscal Year 2024-2025	7,200,000	100%

8. **Has this project previously received state funding?** No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?** No
- 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		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	Funds will be used for two generators that will provide emergency backup power to fire stations. One generator will be used at a new fire station that is scheduled to break ground in January of 2024. The second generator will replace an aligning generator at Fire Station 66. The current generator is over twenty three years old and has rusted beyond repair do to its exposure to the elements.	200,000
Total State Funds Requested (must equal total from question #6)		200,000

14. Program Performance

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



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The generators will allow the Palm Harbor Fire Department to continue to operate during power outages and continue providing essential services to the community. With the new generator in place, the department can respond to emergencies promptly, prevent the loss of life, and minimize property damage. The fire station provide both fire protection and advanced medical life support for the community.

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

Emergency generators will allow the fire department to provide uninterrupted service during times of natural and man made disasters.

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

The requested funds will allow for the installation of generators in order to provide full backup power to the buildings in the event of a power loss due to hurricanes or other emergencies. The requested generator will enable the Fire Department, serving over 62,000 Palm Harbor residents and countless annual visitors, to be fully operational and able to serve and protect the public during an emergency. With the new generator in place, the department can respond to emergencies promptly, prevent the loss of life, and minimize property damage. The fire stations where the generators will be placed, provide Advance Life Support medical care to the immediate and surrounding areas.

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

The target population includes all walks of life and is expected to serve over 62,000 residents and numerous visitors to the area.

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

The proposed generators will enable the department to continue providing critical services during power outages, ensuring the community's safety and well-being.

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?

Any and all funds not spent on the project will be returned to the state.

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) Special Fire Control District

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