



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3088

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Hardee County (County) seeks funding needed to purchase 45 sets of new fire rescue Self-Contained Powered Air-Purifying Respirators breathing gear for first responders serving this Rural Area of Opportunity. This new fire rescue gear is needed to replace 20-year old devices that are no longer reliable or safe for use during emergency fire rescue calls. First responders need the proper safety equipment to efficiently and effectively protect and service Hardee County residents, visitors, travelers, business, etc.

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	550,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>550,000</b>

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)	550,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>550,000</b>	<b>100%</b>

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?

Yes



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3088

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

Received: \$5,232,196; Funds used for eligible COVID-19 public health expenses (i.e., vaccinations, payroll, counseling/services, shelter mods., etc.), administration reporting/ equitable outcome/community engagement expenses, and capital investing in public facilities (i.e., broadband, HVAC/filter-related, productivity tech/software, facilities sanitation, etc.).

## 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)?

No

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.

Hardee County is both owner and entity.

### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Purchase 45 sets of NFPA 1981 Standard on Open-Circuit Self-Contained Breathing Apparatus (SCBA) for First Responders Emergency Services	550,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>550,000</b>

### 14. Program Performance

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

**LFIR # 3088**

Goal is to purchase 45 sets of new fire rescue Self-Contained Powered Air-Purifying Respirators breathing gear for 1st responders. Goal is to protect life, health, safety of first responder and citizenry with the proper safety equipment to efficiently and effectively provide emergency fire rescue services, protect and service Hardee County residents, visitors, travelers, business, etc.

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

To purchase 45 sets of new fire rescue Self-Contained Powered Air-Purifying Respirators breathing gear through the competitive procurement process. County will purchase 45 sets of NFPA 1981 Standard Open-Circuit Self-Contained Breathing Apparatus (SCBA) for First Responders Emergency Services through their procurement policies and procedures.

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

Direct services to citizens is efficient and appropriate emergency services are adhered to as emergency personnel, first responders, EMS are properly equipped to perform and conduct their duties in order to protect and save lives and property in this community that is designated as a Rural Area of Opportunity.

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

Hardee County, which is a financially disadvantaged community (ch. 62-552, F.A.C.) that is located in a Rural Area of Opportunity (s. 288.0656, Florida Statutes), 1st responders, citizenry, visitors, tourists, business community and surrounding areas. Greater than 27,000 expected to be served.

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

Benefit is protection and safety of the public by providing the first responders with the appropriate equipment to efficiently and effectively to address emergencies, such as fires, car accidents, etc. Measure is purchase and usage of the Self-Contained Breathing Apparatus (SCBA).

**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)



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3088

- Local Entity
- 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**