



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1998

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

4. Project/Program Description

Funds will allow for the construction of Fire Station 31 in the Ft. Myers Beach Fire Control District (District). The District originally planned to relocate Station 31 and headquarters to a new facility further north over the next five years and began saving accordingly. Current Station 31 was heavily damaged by Hurricane Ian and has been condemned. Replacing Station 31 will provide emergency services to the community and tourists with swift response times to fire and medical emergencies. Due to the impacts and associated recovery efforts incurred by Hurricane Ian, local fiscal projections are significantly reduced, creating a financial hardship for the District. The construction of Station 31 is a crucial and immediate need. Should this project be funded above the requested amount, the District can expedite construction and completion of Station 31, making the project shovel - ready to meet the criteria in section 11.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	16,030,000
Total State Funds Requested	16,030,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	16,030,000	57%
Matching Funds		
Federal	5,000,000	17%
State (excluding the amount of this request)	3,000,000	10%
Local	0	0%
Other	4,727,774	16%
Total Project Costs for Fiscal Year 2023-2024	28,757,774	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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Yes

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

\$18,723 lost revenue - ambulance billing
 \$14,970 ambulance transport labor reimbursement
 \$60,842 expense reimbursements; medical supplies, disinfecting fire stations & apparatus

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

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.

N/A - government facility.

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	All funds will be used for construction costs to build Fire Station 31.	16,030,000
Total State Funds Requested (must equal total from question #6)		16,030,000

14. Program Performance

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

Provide emergency medical and fire protection services to the citizens and visitors of Fort Myers Beach.

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



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Emergency medical services and fire protection. Treatment room for citizens to receive non-emergent medical assistance. Building inspection and building plans review services; infant car seat program; community CPR education; community fire extinguisher education.

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

Provide emergency medical services and fire protection to the mid-section of the island. Provide a separate treatment room and safe location for citizens to receive non-emergent medical assistance. Provides a safe room to accommodate first responders for immediate deployment after a disaster as well as a secure space for ongoing multi-agency response to disasters to better serve the citizens.

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

The target population is all full time residents, seasonal residents and visitors to Fort Myers Beach. Pre-Hurricane Ian the base population is approximately 7,000, during season with visitors, the population increases to 60,000 - 70,000.

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

The benefit of rebuilding Station 31 serves the community with faster response times, which is proven to enhance outcomes to medical emergencies and fire suppression. This facility will also serve the community by allowing responders to deploy quickly after a disaster and in a unified command structure that would operate from this facility.

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?

Contractor does hereby agree to pay to the Owner, as liquidated damages and not as a penalty, the sum of one half of one percent (0.5%) of the Agreement Sum per day for each calendar day beyond the Substantial Completion Date in this Agreement until Substantial Completion. FUNDS WILL BE REPAYED TO THE STATE IF THE FIRE STATION IS NOT CONSTRUCTED.

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)



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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