



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2171

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

**4. Project/Program Description**

The City of New Port Richey (City) must replace an aging one-bay fire station, located in a residential area and was opened in 1974,. The City has seen continued development with growth in density over the last several years, which has impacted the demand for emergency services of increased call volumes by 21.5% over the previous five years. The location of the new fire station was strategically selected as a result of a comprehensive study to meet critical response times and locations. The project will be a two drive-thru bay fire station totaling 7,876 Square feet. The station will have many interior design features with an emphasis on firefighter health and safety incorporating current compliance standards set forth by the National Fire Protection Association. The station will serve the busy U.S. Highway 19 corridor and provide direct access to many feeder roads resulting in reduced response times. The station will have a lobby area for a safe haven and public assistance.

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

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,120,000
<b>Total State Funds Requested</b>	<b>1,120,000</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)	1,120,000	25%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	3,275,000	75%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>4,395,000</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.**
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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

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

\$8,382,786. American Rescue Plan Act funds are allocated for use towards Technology Solutions and the broadband infrastructure expansion, Redevelopment Incentives to stimulate growth of local business in the downtown community, and assist with inflated costs directly related to the COVID-19 pandemic, those being salary adjustments, product costs, and increased labor costs.

## 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.

City of New Port Richey

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		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	The funds will be used to support fixed capital construction costs associated with constructing a new fire station in the City of New Port Richey that will serve not only the City of New Port Richey, but also Pasco County and the City of Port Richey through mutual aid and automatic aid agreements.	1,120,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,120,000</b>



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#### 14. Program Performance

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

The City of New Port Richey (City) must replace an aging one-bay station that opened in 1974 and is located in a residential area. The City has seen continued development with growth in density over the last several years, which has impacted the demand for emergency services of increased call volumes by 21.5% over the previous five years. The location of the new two-bay fire station was strategically selected as a result of a comprehensive study to meet critical response times and locations.

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

The Fire Station #2 Project will serve as the service delivery location, which will provide fire and advanced life support (ALS) emergency medical services, in the form of emergency response to the City of New Port Richey. The new fire station will be a flagship station incorporating NFPA standards into the design and functionality of health and safety, with an emphasis on cancer prevention. Many public education activities will be provided to the public on fire safety. A training room will offer a good learning environment for firefighter/paramedics to complete required continuing education hours, as well as staff preparedness in emergency management.

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

The direct services provided will include fire and ALS medical services in the form of emergency response. Additional services provided will include fire prevention education, community risk reduction, emergency management, training opportunities for firefighters to better serve the citizens as well as annual citizen academy programs.

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

The target population that will be served includes all of the demographics and social characteristics of the City's population which is estimated to be at 17,165. Fire and ALS emergency medical services will be provided to anyone in need of emergency services while in the jurisdiction of the City limits. Additionally, services are provided to Pasco County and the City of Port Richey through mutual aid and automatic aid agreements. In 2022, the New Port Richey Fire Department responded to 5,911 calls for service, which averages 16 calls per shift.

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

Improved physical health of citizens and visitors, as well as the enhanced protection of property will be obtained after the completion of the project resulting from a decrease in response times which is critical to improved patient outcomes. Improved physical health will impact the firefighter/paramedics working there resulting from the many design features of the building that meet health & safety standards of the National Fire Protection Association. Outcomes measured by statistical data regarding response times on all emergency calls for service. Reduction in firefighter occupational cancer diagnosis.

**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?**

Forfeit of grant award.

#### 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**



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**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)

**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**