



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3379

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

**4. Project/Program Description**

The Town of Brooker (Town) has a goal to staff a full-time career paid fire station. The Town is one of the most rural portions of Bradford County with fire and EMS response taking a minimum of 15 minutes from the closest station. Funds will be used for design, engineering, site-work, and construction of a new fire station for the Town, which will result in shorter response times, greatly expanding and improving the fire and EMS service to the community.

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
<b>Total State Funds Requested</b>	<b>1,000,000</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)	1,000,000	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>1,000,000</b>	<b>100%</b>

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?**

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



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ARPA - \$168,287. The funds were used: for various capital improvement projects around the Town of Brooker to include repairs, upgrades and expansion of the Town's parks, buildings, and water system (meters and fire hydrants); to pay vendors for various work associated with advertising and signage; mapping/GIS of water lines; installation of a new well, playground equipment, memorial markers, gutters and fire hydrants; maintenance of the Town's sidewalks; website design; site work at city hall; the purchase of radar signs; and the purchase and installation of new virtual meeting equipment; and to provide \$1000 bonuses to two administrative staff for additional duties and \$10,000 was contributed to BCS Charter School, a non-profit organization.

## 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?

ASAP

d. What is the estimated completion date of construction?

ASAP

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.

Bradford County

### 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	Building new fire station - complete design, engineering, site-work, and construction of fire station.	1,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,000,000</b>

### 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?**

The new fire station will be incredibly beneficial to all citizens and visitors of Bradford County. The new station will provide immediate access to emergency service delivery for the population across the region.

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

The new fire station will be staffed with full-time career firefighters, expanding and improving the community's access to fire and EMS services. This station will serve as a community hub for the residents of this unserved, rural area.

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

Entire population of Bradford County (County) ~29,000.

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

Quicker response to citizens in need of life-saving medical treatment. Measured by improved response times to the area.

Decreasing anxiety by providing quicker access to EMS and fire services. Measured by fewer responses in the area for mental health related illness.

The new station will allow for fire and EMS response to a currently unserved area of the County. Measured by improved response times to the area.

Reduced response times, meaning we have the opportunity to prevent wildfires from decimating entire planted trees or crops. Measured by decrease in annual total acres burned.

As a community hub, this station will promote substance abuse educational programs, and will host substance abuse prevention programs. Measured by reduced call volume for substance abuse-related calls.

**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?**

Forfeiture of funds.

**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



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- 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