



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2297

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Town of Branford requests funding for a new firetruck to replace its aging 1980,100-foot platform truck, as well as replacing its 1990 pumper truck.

5. State Agency to receive requested funds

State Agency contacted? No

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

Type of Funding	Amount
Operations	950,000
Fixed Capital Outlay	0
Total State Funds Requested	950,000

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)	950,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	950,000	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?

Yes

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



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The Town of Branford received American Rescue Plan Act money in the sum of \$366,625.00
This money has been used on the purchase of sewer pumps.

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.

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	Firetruck to enhance and provide sustainable public safety for our town and surrounding community.	950,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		950,000

14. Program Performance

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

Delivery and provision of fire safety and emergency medical services to the Town of Branford.

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

Delivery and provision of fire safety and emergency medical services to the Town of Branford.

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



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Fire inspection, emergency response for fire suppression, advanced live saving function and urgent first aid.

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

Town of Branford and the community.

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

First aid and emergency response to local citizenry; number of dispatches/calls for 911 Fire safety inspection; amount/frequency of fire safety inspection.

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?

We would return all funds if the fire truck is not purchased.

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)

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



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d. Phone Number