



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2601

1. Title of Project: Calhoun County Volunteer Fire Department Equipment - Hurricane Michael Recovery

2. Senate Sponsor: Bill Montford

3. Date of Submission: 03/06/2019

4. Project/Program Description:

Calhoun County has eight volunteer fire departments. All departments received damage from Hurricane Michael. Each fire department has experienced equipment loss due to the hurricane with an estimated loss of \$30,000 per department. With much of the County's timber on the ground, it is imperative to have adequate fire equipment to be prepared for potential fires throughout the County.

5. State Agency to receive requested funds : Department of Financial Services

State Agency Contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020

Type of Funding	Amount
Operations	240,000
Fixed Capital Outlay	
Total State Funds Requested	240,000

7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	240,000	100.00%
Federal		0.00%
State (excluding the amount of this request)		0.00%
Local		0.00%
Other		0.00%
Total Project Costs for Fiscal Year 2019-2020	240,000	100.0%

8. Has this project previously received state funding? No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

9. Is future-year funding likely to be requested? No

10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		



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Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Volunteer Fire Department Equipment (various equipment)	240,000
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning		
Engineering		
Total State Funds Requested (must equal total from question #6)		240,000

11. Program Performance:

- a. **What is the specific purpose or goal that will be achieved by the funds requested?**
Increased fire protection with adequate equipment. Reduction in risks to citizens and firemen.
- b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**
Increased fire protection services.
- c. **What are the direct services to be provided to citizens by the appropriations project?**
Fire protection services.
- d. **Who is the target population served by this project? How many individuals are expected to be served?**
All residents of Calhoun County. Approximately 15,000 individuals.
- e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
Reduction in the loss of life/property due to fires.
- 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 in the contract?**
Repayment of funds

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:

- a. **Name:** Gene Bailey
- b. **Organization:** Calhoun County Board of County Commissioners
- c. **E-mail Address:** gbailey@calhouncountygov.com
- d. **Phone Number:** (850)674-8075



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14. Recipient Contact Information:

- a. **Organization:** Calhoun County Board of County Commissioners
- b. **County:** Calhoun
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Gene Bailey
- e. **E-mail Address:** gbailey@calhouncountygov.com
- f. **Phone Number:** (850)674-8075

15. Lobbyist Contact Information

- a. **Name:** None
- b. **Firm Name:** None
- c. **E-mail Address:**
- d. **Phone Number:**