



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1877

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

4. **Project/Program Description**

Request for purchase assistance of one emergency rescue vehicle (ambulance).

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="175,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	175,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="175000"/>	<input style="width: 80%;" type="text" value="78.0 %"/>
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0 %"/>
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0 %"/>
Local	<input style="width: 80%;" type="text" value="50,000"/>	<input style="width: 80%;" type="text" value="22 %"/>
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0 %"/>
Total Project Costs for Fiscal Year 2020-2021	225,000	100 %

8. **Has this project previously received state funding?** Yes No
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80%;" type="text" value="2018-19"/>	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="310,000"/>	<input style="width: 80%;" type="text" value="2360A"/>	<input type="text" value="No"/>

9. **Is future-year funding likely to be requested?** Yes No
- If yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		<input type="text"/>
Other Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other	Emergency rescue vehicle purchase.	175,000
Consultants/Contracted Services/Study		<input type="text"/>
Operational Costs: Other		
Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		<input type="text"/>
Total State Funds Requested (must equal total from question #6)		175,000



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11. Program Performance

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

Reliable first-out rescue unit to provide life-saving activities and transport in emergency medical situations.

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

Emergency medical response.

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

All persons residing, visiting, or passing through DeSoto County or the City of Arcadia. The county is the sole provider of fire and EMS services in the county, with a total estimated population of 35,000.

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

Citizens of DeSoto County, and City of Arcadia as a whole, approximately 35,000 people. The DeSoto County Public Safety Department is the sole provider of emergency services within the County and covers both the incorporated and unincorporated areas.

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

The new rescue unit will replace an older unit that has a high mechanical failure rate, requiring the transfer of patients, while en-route to a back up unit. The purchase of this final unit will position the county to reestablish an independent capital replacement program for emergency vehicles.

- 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?

Loss of funding.



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12. **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

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **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

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.