



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1984

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Hurricane Michael severely damaged or destroyed all of Calhoun County's VFD locations, with the Mossy Pond VFD facility serving the northwest section of our county as a firehouse and Voting Precinct, suffering catastrophic damage and being rendered unusable. Fire engines, brush trucks, and related equipment are now housed at volunteer firefighters' homes until new facilities can be constructed. First response efforts are severely hampered due to the lack of centralized operations, the loss and degradation of equipment and supplies from the storm, and the theft of supplies from multiple fire departments after the storm. In order to better serve the community, the County desires to build a larger, modern, and hardened firehouse capable of housing essential county staff and volunteers during future severe weather events, approximately 3/4 of a mile from the current location. The proposed new location is adjacent to the Mossy Pond Community Center which is also a shelter for the area.

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: 100px;" type="text" value="000"/>
Fixed Capital Outlay	<input style="width: 100px;" type="text" value="752,065"/>
Total State Funds Requested	<input style="width: 100px;" type="text" value="752,065"/>

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: 100px;" type="text" value="752065"/>	<input style="width: 50px;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 100px;" type="text" value="00"/>	<input style="width: 50px;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 100px;" type="text" value="00"/>	<input style="width: 50px;" type="text" value="0"/> %
Local	<input style="width: 100px;" type="text" value="00"/>	<input style="width: 50px;" type="text" value="0"/> %
Other	<input style="width: 100px;" type="text" value="00"/>	<input style="width: 50px;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	<input style="width: 100px;" type="text" value="752,065"/>	<input style="width: 50px;" type="text" value="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: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>

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		<input type="text"/>
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	Construction of a new facility	752,065
Total State Funds Requested (must equal total from question #6)		752,065



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11. Program Performance

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

Construction of a new facility with this critical functionality will enhance emergency medical services for the entire community, as well as the surrounding area. This new proposed Mossy Pond VFD is adjacent to the Mossy Pond Library, which also serves as a community shelter, and will provide better security (the current location is on an isolated road), provide more space for vehicles, equipment, and supplies, will help improve the community Insurance Services Office (ISO) Rating, potentially lowering property and casualty insurance premiums, and will allow for installation of a medical helicopter landing zone. Currently, medical helicopter landings are conducted on the grounds of a local car dealership in Blountstown.

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

Fire protection services and medical services to a remote portion of Calhoun County

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

Fire protection and medical services

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

1500 individuals

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

The benefit and outcome of this project will be enhanced medical services, improve community ISO ratings and fire protection. This will be measured by the amount of calls that are received in the area.

- 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



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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.**

Calhoun County Board of County Commissioners

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.