



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2049

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

4. **Project/Program Description**

Construction of a fire department training facility that meets the minimum standards as outlined by the Florida Division of State Fire Marshal, Bureau of Fire Standards and National Fire Protection Agency (NFPA) standards.

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="000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="695,193"/>
Total State Funds Requested	695,193

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="695193"/>	<input style="width: 80%;" type="text" value="82.0"/> %
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="155,000"/>	<input style="width: 80%;" type="text" value="18"/> %
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	850,193	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"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" 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	Not Required	0
Other Salary and Benefits	Not Required	0
Expense/Equipment/Travel/Supplies/Other	Not Required	0
Consultants/Contracted Services/Study	Not Required	0
Operational Costs: Other		
Salary and Benefits	Not Required	0
Expense/Equipment/Travel/Supplies/Other	Not Required	0
Consultants/Contracted Services/Study	Not Required	0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Design, land preparation, and construction of a fire department training facility that meets the minimum standards as outlined by the Florida Division of State Fire Marshal, Bureau of Fire Standards and National Fire Protection Agency (NFPA) standards.	695,193
Total State Funds Requested (must equal total from question #6)		695,193



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11. Program Performance

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

The Crestview Fire Department works closely with the surrounding paid and volunteer fire districts to ensure the highest quality of fire services to all. Okaloosa County is divided into two distinct areas, a north and south area divided by Eglin Air force Base. The northern half of the county is made up of a combination of the City of Crestview and large rural unincorporated areas. The goal of this request is to provide a training facility for all the departments to train together.

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

Practical, relevant training evolutions that mimic true emergencies and involve multiple emergency response agencies. Evolutions include, but are not limited to: live firefighting training, ventilation, high angle rope rescue, confined space rescue, police department room clearing, barricaded subject and hostage rescue, active shooter response, domestic disputes etc.

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

Direct services to the public will be in the form of improved emergency response that reduces loss of life, property or environment.

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

The target population expected to receive improved emergency response includes the North Okaloosa County area and includes Crestview, Baker, Holt, Loral Hill and Dorcas. The combined population is approximately 60,000.

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

Improved training will improve the safety of emergency responders while reducing the loss of life, property and environment. The Insurance Services Office (ISO) is a third party organization that grades the fire prevention and suppression capabilities of fire departments and assigns them a Public Protection Classification (PPC). The PPC is a grade of 1-10. 1 having the best fire protection capability with 10 having no capability. The availability of a training facility will help to improve the grade of eight separate fire departments who would be capable of using said facility. The improvement of the PPC will be a direct measurement of the outcome.

- 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?

The city will include liquidated damages should the contractor fail to perform.



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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.**

The City of Crestview, Florida.

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.