



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2066

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

4. **Project/Program Description**

Cost share match for DHS/FEMA Port Security Grant Program Award to fund a CBRNE Fire Response Vessel for the region. Vessel to be owned and operated by North River Fire District (NRFD). Vessel will close the identified gap in security by providing CBRNE response and mitigation for marine traffic transiting under the Skyway Bridge and surrounding waters of Tampa Bay, as well as search and rescue, and firefighting capabilities. Appropriations would free NRFD's budgeted match to allow one (1) new FTE.

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

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="80000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
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="00"/>	<input style="width: 80%;" type="text" value="0"/> %
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	80,000	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"/>	<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.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2066

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	25% cost share match of \$60,138.00. Upgrade for which we are underfunded to include \$12,000.00 for engines as recommended by builder for greater longevity and lower maintenance costs. The remaining \$7,862 to be put towards a trailer to allow the vessel to respond statewide for response or recovery as needed.	80,000
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)		80,000



The Florida Senate Local Funding Initiative Request Fiscal Year 2020-2021

LFIR # 2066

11. Program Performance

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

Satisfaction of match for federal grant to purchase CBRNE Vessel. Remaining funds to purchase adequate vessel engines and marine trailer. Both of these items are currently underfunded and are required to support the vessel.

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

Maritime CBRNE security response and mitigation, marine based firefighting operations, rapid response search and rescue. The cost savings through appropriations will free money to allow NFRD to add an additional full-time employee for public safety.

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

Public health and safety protection from terrorism threats through CBRNE capabilities, response and recovery of natural and man-made disasters, search and rescue with rapid response on the waters of Tampa Bay, as well as protection of property and life with fire fighting capabilities.

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

The general population will be served with quantities greater than 1000 people.

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

The expected outcome will prevent acts of terrorism, provide quicker response times for search and rescue calls, and will add the ability to respond to marine fires. Through our local incident reporting analysis and the use of the National Incident Reporting System (NFIRS) we will gauge the success of this project.

- 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?

There are no penalties.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2066

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.**

Funds via appropriations will solely be used by NFRD for grant match and funding of the engines/trailer for the CBRNE Vessel. Appropriations are requested by Kalliope Newland on behalf of NFRD as the fire inspector and grant writer employed by NFRD.

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.