



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1973

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	325,000
Fixed Capital Outlay	0
Total State Funds Requested	325,000

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	325,000	93%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	25,000	7%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	350,000	100%

8. Has this project previously received state funding?

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Purchase fire truck per specifications	325,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		325,000

12. Program Performance

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

Replace a 23 year old fire truck that is currently in use but due to age, needs frequent repairs at a facility over 250 miles from Sneads. Costs involved with having the vehicle towed to the repair facility would be alleviated for many years, and having the new vehicle will reduce down time by having a serviceable vehicle ready to respond to emergency calls.

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

Receipt of a new model and more cost-efficient operational vehicle with current state of the art pumps and equipment.

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

Dependable response vehicle that is sure to arrive on the scene without breaking down enroute, thereby decreasing response times.

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

Approximately 8,000 residents in the Sneads Volunteer Fire Department service area in eastern Jackson County and response to many accidents on I-10 which has an average of 20,000 vehicles per 24 hours as counted by FDOT.

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

Faster, more dependable response times to calls for service. Fire reports are the methodology by which outcome will be measured.

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 the contract?

Standard contract penalties will be sufficient.

13. 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.



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Town of Sneads and the Sneads Volunteer Fire Department.



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14. Requestor Contact Information

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

15. 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

16. Lobbyist Contact Information

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