

LFIR # 1713

1. Project Title Lake County Fire Rescue Station #109 Expansion (South Lake County, Clermont area)

2. Senate Sponsor Dennis Baxley

3. Date of Request 11/09/2021

4. Project/Program Description

Station 109, located in south Lake County bordering the rapidly growing city of Clermont, is a very small facility with only one restroom, which is not ADA compliant, and insufficient sleeping quarters. The crews are currently utilizing bunks beds in a common dorm for housing. This project would add a 2,200 square foot addition to house one fire crew of three, one rescue crew of two, and one battalion chief.

5. State Agency to receive requested funds

Department of Financial Services

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,300,000
Total State Funds Requested	1,300,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage	
Total State Funds Requested (from question #6)	1,300,000	100%	
Matching Funds			
Federal	0	0%	
State (excluding the amount of this request)	0	0%	
Local	0	0%	
Other	0	0%	
Total Project Costs for Fiscal Year 2022-2023	1,300,000	100%	

8. Has this project previously received state funding? No

Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		

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?

Yes

No



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

AFG-S for PPE as follows: Federal funds received: \$328,554.55 State funds received: \$32,855.45

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		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	The expansion of Fire Station 109 will add 2,200 additional square feet of new living space, will be ADA compliant, capable of withstanding a category 4 hurricane, and house three fire rescue response units. This project is expected to take a total of 8-10 months for construction. Civil engineering has been completed for the new site and the architectural plans are 100% complete. This is a shovel ready project with construction expected to begin within 90 days upon receipt of funding.	1,300,000
Total State Funds Requested (m	ust equal total from question #6)	1,300,000

12. Program Performance

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

To provide adequate housing for one fire crew of three, one rescue crew of two, and one battalion chief, as well as bringing Station #109 into ADA compliance.

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

Construct a 2,200 square feet expansion of Fire Station #109.

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

24-hour Fire and Emergency medical services will be provided to the approximate 12,000 citizens in the service area.

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

Citizens who activate the 9-1-1 system requesting fire and emergency medical assistance servicing 12,000 plus residents/visitors.

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



The ability to provide adequate space for one fire crew of three, one rescue crew of two, and one battalion chief, as well as bringing Station #109 into ADA compliance. Outcome will be measured with the assignment of second fire unit and supervisor.

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?

The County will return any funding received for the project to the contracting agency.

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.

The Lake County Board of County Commissioners will be the recipient of any fixed capital outlay funding.



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14. Requestor Contact Information

	a. First Name	James	Last Name	Dickerson		
	b. Organization	Lake County Fire Rescue				
	c. E-mail Address	jdickerson@lakecountyfl.gov				
	d. Phone Number	(352)343-9458	Ext.	5757		
15.	Recipient Contact	Information				
	a. Organization	Lake County Fire Rescue				
	b. Municipality and	I County Lake				
	c. Organization Type					
	□For Profit Entity					
	□Non Profit 501(c	Profit 501(c)(3)				
	□Non Profit 501(c	(C)(4)				
	☑Local Entity					
	□University or Co	College				
	□Other (please specify)					
	d. First Name	James	Last Name	Dickerson		
	e. E-mail Address	jdickerson@lakecountyfl.g	JOV			
	f. Phone Number					
16.	16. Lobbyist Contact Information					
	a. Name	Christopher L. Carmody GrayRobinson PA				
	b. Firm Name					
	c. E-mail Address	chris.carmody@gray-robinson.com				
	d. Phone Number	(407)843-8880				