



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1122

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

**4. Project/Program Description**

Pine Lakes Fire Station 15 is currently located at 40601 Palm Ave (Pine Lakes), which is in a residential neighborhood. The original station, constructed in the early 1980s, was designed for volunteer fire service not to house 24/7/365 permanent staffing. With the unprecedented growth in Lake County, the fire department's needs have exceeded the capacity of the current station. Due to the age, location, and condition of the existing station, renovation of the building would not provide a good return on investment or provide the space needed for further operational expansion. Lake County owns property more suitable for constructing a new facility which is properly zoned for a fire station. Call data shows the proposed relocation would be beneficial to operational response. The project is estimated to cost \$3,900,000 and is a shovel-ready project. The architectural design is complete for the station. Civil work has not been completed on the new site.

5. State Agency to receive requested funds
- State Agency contacted?  No

**6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	2,800,000
<b>Total State Funds Requested</b>	<b>2,800,000</b>

**7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,800,000	72%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	1,100,000	28%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>3,900,000</b>	<b>100%</b>

8. Has this project previously received state funding?  No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?  No
- a. If yes, indicate nonrecurring amount per year.
- b. Describe the source of funding that can be used in lieu of state funding.
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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.

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

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

Planning   
  Design   
  Construction

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

Lake County Board of County Commissioners - Office of Public Safety/Fire Rescue.

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Replacement of Fire Station 15 will be an 8,000 square foot site-built new facility capable of withstanding a category 4 hurricane and house 3 fire rescue responsive units. The project is expected to take a total of 10 months for construction. Civil engineering of the new site will be required and cost will be absorbed by the fire department.	2,800,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,800,000</b>

14. Program Performance



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

Provide emergency responders with a hardened fire station with accommodations for growth as demand for services increase. The existing facility is inadequate to house current staffing because the original design of the facility was not intended for full-time personnel.

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

Construct an 8,000 square foot hardened fire station.

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

24/7/365 emergency services to a local population of 54,276 citizens which includes 24,984 structures. The station will also serve as a community meeting place for the public.

**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/or emergency medical assistance, which includes a surrounding population of 54,276 citizens.

**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 maintain staffing of emergency first responders regardless of inclement weather. Outcome will be measured after the first high wind event is experienced.

**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?**

A pro rata return of state dollars would be appropriate if the project does not perform as expected.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. 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)



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d. First Name  Last Name   
e. E-mail Address   
f. Phone Number

#### 17. Lobbyist Contact Information

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