



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2153

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

**4. Project/Program Description**

Acquire essential life preserving breathing apparatus for the men and women of Putnam County Fire Rescue. This equipment is critical lifesaving gear that must be worn by all firefighters during firefighting operations. Current department equipment is antiquated and no longer supported by the manufacturer. The need for this equipment has passed the critical stage.

5. **State Agency to receive requested funds**
- State Agency contacted?**

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

Type of Funding	Amount
Operations	1,900,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,900,000</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)	1,900,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>1,900,000</b>	<b>100%</b>

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.**
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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.**



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\$27,518,886.31. Funds were used to assist government, individuals, non profits and businesses to respond to the pandemic and its immediate effects.

## 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.

### 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	Sufficient Self Contained Breathing Apparatus gear to equip all of Putnam County Fire Rescue personnel.	1,900,000
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		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,900,000</b>

### 14. Program Performance

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

The acquired Self Contained Breathing Apparatus gear will replace the antiquated non-supported current equipment in the department's possession. The new equipment will enable department staff to safely and more-efficiently respond to structural and wild fires as well as hazardous materials incidents.

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



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Firefighters will be equipped with proper gear enabling them to fight fires more efficiently without concern of the breathing apparatus reliability in terms of function and protection. The new equipment will also help prevent long term and future health issues for our firefighters.

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

Equip all Putnam County Fire Rescue staff with essential life preserving Self Contained Breathing Apparatus gear to enable them to save life and preserve property during firefighting situations.

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

All citizens of Putnam County as well as visitors to the county will be served by this project.

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

More effective ability to combat fire and the reduction of fire combat related illnesses and injuries in firefighters will be the qualitative indicators of the expected benefits of the project being realized.

**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 are sufficient.

**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)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**



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#### 17. Lobbyist Contact Information

a. Name	<input type="text" value="David Browning"/>
b. Firm Name	<input type="text" value="The Southern Group"/>
c. E-mail Address	<input type="text" value="browning@thesouthernngroup.com"/>
d. Phone Number	<input type="text" value="(850)671-4401"/>