

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 2392

10. Has the entity requ	esting this proje	ct received any fe	deral assistance rela	ted to the COVID-1	19 pandemic?
b. Describe the sou	rce of funding th	at can be used in I	ieu of state funding.		
a. If yes, indicate nonrecurring amount per year.					
9. Is future funding lik	ely to be request	ed?	No		
					
Fiscal Year (yyyy-yy)	Am Recurring	ount Nonrecurring	Specific Appropriation #	Vetoed	
8. Has this project pre	viously received	state funding?	No		
Total Project Costs	for Fiscal Year 2	023-2024	1,800,000	100%	
Other			0	0%	
Local				17%	
Federal State (excluding the amount of this request)			0	0%	
Matching Funds			0	0%	
Total State Funds Requested (from question #6)			1,500,000	83%	
Type of Funding	Type of Funding			Percentage	
7. Total Project Cost fo	or Fiscal Year 202	3-2024 (including	matching funds avai	ilable for this proje	ect)
Total State Funds Requested				1,500,000	
Fixed Capital Outlay				1,500,000	
Operations			Amo	0	
Type of Funding			Amo	unt	
6. Amount of the Nonro	ecurring Request	for Fiscal Year 20	23-2024		
State Agency contact	•				
fire protective service 5. State Agency to rec		ınds Departm	ent of Financial Servi	ces	
volunteer fire departr Fort Meade. Ft. Mea	nent that operates de is in dire need	out of an unsafe st	olk County. Currently ructure. There are ma much-needed moder	ny fire protection se	ces are provided by a ervices needs within ed for today's needs for
4. Project/Program De	scription				
3. Date of Request	02/13/2023				
2. Senate Sponsor	Ben Albritton				
1. Project Title	Fort Meade Fire House				

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



11. Status of Construction

Planning

a. What is the current phase of the project?

ODesign

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

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ARPA funds received from the Federal Government for Covid-19 pandemic are currently targeted for infrastrucutre projects of great need that include sewer and water supply for the City of Fort Meade.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

Construction

c. What is the estimated start da	ate of construction?	12/1/2023	
d. What is the estimated comple	etion date of construction?	12/31/2024	
12. List the owners of the facility t relationship between the owners	o receive, directly or indirecers of the facility and the ent	tly, any fixed capital outlay funding. Inity.	nclude the
The City of Fort Meade would be	e the direct owner of the facilit	y.	
13. Details on how the requested s	tate 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	or Renovation:		
Construction/Renovation/Land/ Planning Engineering	Funds to be used to complet facility.	te the design and engineering of the	1,500,000
Total State Funds Requested (m	nust equal total from question	on #6)	1,500,000
14. Program Performance			
a. What specific purpose or go	oal will be achieved by the fu	inds requested?	
Plan, design, and construct a ne	ew fire house for the City of Fo	ort Meade.	
b. What activities and services	will be provided to meet the	e intended purpose of these funds?	

No

Plan, design, and construct a new fire house for the City of Fort Meade.

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



15.

16.

17.

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Fire protective and	d medical first responder services to be provided from this facility.			
d. Who is the targ	et population served by this project? How many individuals are expected to be served?			
The target popula	tion is the entire City of Fort Meade, in excess of 6,200 residents.			
e. What is the exp be measured?	ected benefit or outcome of this project? What is the methodology by which this outcome will			
The benefit will be follow.	e a modern properly designed and constructed facility to house fire protection services for decades to			
	ggested penalties that the contracting agency may consider in addition to its standard penaltie deliverables or performance measures provided for the contract?			
Non-payment of ir	nvoices.			
Requester Contact	t Information			
a. First Name	Jan Last Name Bagnall			
b. Organization	City of Fort Meade			
c. E-mail Address	jbagnall@cityoffortmeade.com			
d. Phone Number	(863)285-1100 Ext.			
Recipient Contact	Information			
a. Organization	City of Fort Meade			
b. Municipality and	d County Polk			
c. Organization Ty	ре			
□For Profit Entity				
□Non Profit 501(d	:)(3)			
□Non Profit 501(d	:)(4)			
☑Local Entity				
□University or Co	llege			
□Other (please sp	pecify)			
d. First Name	Jan Last Name Bagnall			
e. E-mail Address	jbagnall@cityoffortmeade.com			
f. Phone Number	(863)285-1100			
Lobbyist Contact I	nformation			
a. Name	None			
b. Firm Name	None			
c. E-mail Address				



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d. Phone Number	
a. i ilolic itallibei	