

1. Project Title

2. Senate Sponsor

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

Springfield Fire Department Facility

Jay Trumbull

LFIR # 3068

3.	Date of Request	03/13/2023					
4.	Project/Program De	escription					
	of Springfield (City), a properties, government facility and created controlled treet) was destroyed	á municípality with ent facilities, public ritical infrastructur d by Hurricane Mic inadequate operat ent of major weath	nin Bay County, c spaces, and it e failures and d chael forcing re tional space, the er events. This	suffered s econo leficienc location e tempo situation	d significant damagemy. The hurricane ies throughout the of all operations to rary facility is not on would endanger.	ge to its infrastrúctu destroyed or heavi city. The Fire Depa o a temporary metal disaster resilient, red residents and busin	quired the facility to be lesses and greater
5.	State Agency to rec	eive requested f	u nds Dep	artment	of Financial Servi	ces	
	State Agency conta	•					
6. /	Amount of the Nonr	ecurring Reques	t for Fiscal Yea	ar 2023-	2024		
	Type of Funding				Amo	unt	
_ F	Operations					0	
- 1	Fixed Capital Outlay					4,159,050	
	Total State Funds R	Requested				4,159,050	
7.]	Total Project Cost fo	or Fiscal Year 202	23-2024 (includ	ding ma	tching funds ava	ilable for this proje	ect)
	_						
	Type of Funding				Amount	Percentage	
	Total State Funds Re	equested (from qu	estion #6)		Amount 4,159,050	Percentage 100%	
	Total State Funds Re	equested (from qu	estion #6)		4,159,050	100%	
	Total State Funds Re Matching Funds Federal		,		4,159,050	100%	1
-	Total State Funds Re Matching Funds Federal State (excluding the		,		4,159,050 0 0	100% 0% 0%	1
-	Total State Funds Re Matching Funds Federal State (excluding the Local		,		4,159,050 0 0	100% 0% 0% 0%	
-	Total State Funds Re Matching Funds Federal State (excluding the Local Other	amount of this req	luest)		4,159,050 0 0 0	100% 0% 0% 0% 0%	
-	Total State Funds Re Matching Funds Federal State (excluding the Local	amount of this req	luest)		4,159,050 0 0	100% 0% 0% 0%	
-	Total State Funds Re Matching Funds Federal State (excluding the Local Other	amount of this req	uest)	? N	4,159,050 0 0 0 4,159,050	100% 0% 0% 0% 0%	
-	Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre	amount of this required for Fiscal Year 2 eviously received	uest)		4,159,050 0 0 0 4,159,050 o	100% 0% 0% 0% 0%	
-	Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre	amount of this required for Fiscal Year 2	(023-2024 state funding		4,159,050 0 0 0 0 4,159,050	100% 0% 0% 0% 0% 100%	
-	Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre	amount of this required for Fiscal Year 2 eviously received	uest) 2023-2024 state funding		4,159,050 0 0 0 4,159,050 o	100% 0% 0% 0% 0% 100%	
8.	Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre	amount of this received Am Recurring	ount Nonrecurri		4,159,050 0 0 0 4,159,050 4,159,050 Specific Appropriation #	100% 0% 0% 0% 0% 100%	
8.	Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre	amount of this requested amount of this requested amount of this requested for Fiscal Year 2 amount of this requested amo	state funding Ount Nonrecurri	ng F	4,159,050 0 0 0 4,159,050 4,159,050 Specific Appropriation #	100% 0% 0% 0% 0% 100%	
8.	Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre Fiscal Year (yyyy-yy) Is future funding lik a. If yes, indicate no	amount of this request on recurring amount of this request to be request on recurring amount of this request to the request on recurring amount of this request to the request on recurring amount of this request to the request on recurring amount of this request to the request on recurring amount of this request to the request to the request on recurring amount of this requirement of this request to the reque	state funding Nonrecurri	ng A	4,159,050 0 0 0 4,159,050 4,159,050 Specific Appropriation #	100% 0% 0% 0% 100%	
8.	Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre Fiscal Year (yyyy-yy)	amount of this request on recurring amount of this request to be request on recurring amount of this request to the request on recurring amount of this request to the request on recurring amount of this request to the request on recurring amount of this request to the request on recurring amount of this request to the request to the request on recurring amount of this requirement of this request to the reque	state funding Nonrecurri	ng A	4,159,050 0 0 0 4,159,050 4,159,050 Specific Appropriation #	100% 0% 0% 0% 100%	

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



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

To date, the City of Springfield has received \$2,147,911.00 in ARPA Funds. These funds have been used for loss of revenue due to the Covid-19 pandemic.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

1	1.	Status	of	Constr	uction
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a.	What	is t	he	current	phase	of	the	pro	ect?
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Planning	Design	(•) Construction	
b. Is the project	"shovel ready	y" (i.e permitted)?	Yes
c. What is the e	July 1, 2023		
d. What is the e	stimated comp	pletion date of construction?	December 31,

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.

2024

The City of Springfield and its citizens will be the sole owner and beneficiary of this facility.

13. 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	Financial and project monitoring and compliance monitoring	207,952
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Construction of a permanent structure for the Springfield Fire Department.	3,951,098
Total State Funds Requested (m	ust equal total from question #6)	4,159,050

14. Program Performance

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



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The goal of this project is to build a permanent structure for the Springfield Fire Department, allowing the implementation of a professional, hardened operational facility for this key public safety service. This facility would enable the City of Springfield (City) to move from the current temporary metal building that houses critical and expensive fire equipment and a small trailer that is used by Department leadership and staff. The temporary facility is not disaster resilient, leaving the city in danger in the event of another major storm as the Fire Department would be required to actually evacuate these inadequate facilities. A proper facility will enable professional fire services to be provided every day, 24 hours per day. This is critical to the number one goal of the City--public safety.

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

The City will build a fully compliant, professional Fire Department that will provide fire prevention, emergency response, and other services to all residents, businesses, and visitors to the City.

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

Services include, but are not limited to, the following critical public safety services: fire prevention; fire suppression; emergency medical response; hazardous material response; search and rescue; and disaster response. These services will be provided much more effectively to citizens, businesses, individuals traveling in the City, and other entities.

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

This facility will serve the entire population of Springfield (approximately 8,000 citizens) and all businesses, churches and other organizations. Through this facility, the Fire Department will also support surrounding communities through mutual aid agreements and other support for events outside of the City of Springfield.

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

A viable and reliable Fire Department operating out of professional facility will provide residents a great sense of security and provide businesses, churches, and other entities more confidence in operating in the City (encouraging future growth and expansion). The City will measure these outcomes by capturing the number of calls for service; response time to calls for service; amount of losses due to fire and other emergencies; staff retention rates; and overall satisfaction of residents and businesses through survey tools. Economic growth and resiliency will also be measured by the number of new jobs, new businesses, and new residents.

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?

In addition to standard penalties for failing to meet deliverables or performance measures provided for in the contract, liquidated damages could be imposed if the contractor does not perform in a timely manner.

5. Requester Contact Information						
a. First Name	Ralph	Last Name	Hammond			
b. Organization	Mayor, City of Springfield					
c. E-mail Address	rhammond@springfield.fl.	gov				
d. Phone Number	(850)872-7570	Ext.	108			
6. Recipient Contact	Information					
a. Organization	City of Springfield					
b. Municipality and	d County Bay					
c. Organization Type						
□For Profit Entity						



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□Non Profit 501(c	c)(3)			
□Non Profit 501(c	□Non Profit 501(c)(4)			
☑Local Entity				
□University or Co	llege			
□Other (please sp	pecify)			
d. First Name	Beth	Last Name	Strobel	
e. E-mail Address	bstrobel@springfield.fl.go	V		
f. Phone Number	(850)872-7570			
17. Lobbyist Contact I	nformation			
a. Name	None			
b. Firm Name	None			
c. E-mail Address				
d. Phone Number				