



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1025

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Refurbishment and construction on existing City owned property of a regional public safety (police and fire) training facility to include facilities/areas for the following: a certified fire burn building, fire vehicle extrication training, fire confined space training, fire aerial apparatus training, police and fire vehicle operation training, police use of force and de-escalation training, classroom space, and various practical training exercise spaces.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	700,000
<b>Total State Funds Requested</b>	<b>700,000</b>

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	700,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	700,000	50%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,400,000</b>	<b>100%</b>

8. Has this project previously received state funding?

If yes, provide the most recent instance:

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

9. Is future-year 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.

**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



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**10. Status of Construction**

**a. What is the current phase of the project?**

- Planning    
  Design    
  Construction    
  N/A

**b. Is the project "shovel ready" (i.e permitted)?** No

**c. What is the estimated start date of construction?** 10/1/2025

**d. What is the estimated completion date of construction?** 09/30/2026

**e. What funding stream will be used for ongoing operations and maintenance of the project?**

City of Rockledge General Fund

**11. 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.**

City of Rockledge - Local Government

**12. 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</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	The funds will be used to assist in the renovation and construction of a regional public safety training center. This center will address the training needs of local and regional police and fire departments; providing an increased level of service to the regional citizens.	700,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>700,000</b>

**13. Program Performance**

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

Refurbishment and improvement of the public safety training facility will serve the training needs of local and regional police and fire departments for years - improving public safety for all.

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

Facilities for training: Fire burn building, fire vehicle extrication training, fire confined space training, fire aerial apparatus training, fire aerial rescue training, police and fire vehicle operation training, police use of force and de-escalation training, classroom space, and various practical training exercise spaces.



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

The training center will be used for community outreach events such as the Citizen's Public Safety Academy, which is a hands-on citizen course that provides safety training, fire and law enforcement services familiarity, and various safety training seminars.

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

Local and regional police and fire departments will train to provide better emergency services to the regional community. Additionally, citizens will benefit directly from seminars and safety trainings. First Responder Target #: 1,000+ to include, but not limited to the neighboring Cities of Cocoa, Cocoa Beach, Satellite Beach, and Indian Harbour Beach.  
Citizen Target #: 500,000+

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

This center will provide training facilities for many certifications for local and regional police and fire departments that are not readily available, or are under increased demand. This training will increase the abilities and competencies of our first responders in their service to our citizens. Data and statistics will be tracked to show the utilization of the center and subsequent increased training hours of our regional first responders.

**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 in the contract?**

The City will return the State money.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**a. If Yes, what phase best describes the project?**

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

**15. Has the entity applied for or received federal assistance for this project?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**

**b. Provide the total project cost listed on the FEMA project worksheet:**

**16. Has the entity applied for or received state assistance for this project (other than this request)?**



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- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):**

**17. Requester Contact Information**

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

**b. Organization**

**c. E-mail Address**

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

**18. 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**  **Ext.**

**19. Lobbyist Contact Information**

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**



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*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*