



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1166

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

4. Project/Program Description

The City of Lakeland is requesting funds to construct a new fire rescue station in northwest Lakeland. This fire station will enhance fire protection and emergency medical services in a growing region, ensuring faster emergency response to an area currently experiencing extended response times.

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	900,000
Total State Funds Requested	900,000

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)	900,000	12%
Matching Funds		
Federal	3,139,939	42%
State (excluding the amount of this request)	0	0%
Local	3,416,192	46%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	7,456,131	100%

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

10. Status of Construction



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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?

12/31/2026

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

Ongoing operations and maintenance will be covered by the City of Lakeland's 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 Lakeland City Commission.

12. 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		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Construction of new fire rescue station.	900,000
Total State Funds Requested (must equal total from question #6)		900,000

13. Program Performance

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

The purpose is to add a new fire rescue station to enhance fire protection and emergency medical services in a growing region, ensuring faster emergency response to an area that includes Interstate 4, Florida Polytechnic University and an expanding industrial / warehouse corridor through central Florida. New location provides optimum coverage and response time in north Lakeland.

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

The new station is projected to respond to more than 3,800 emergency calls annually. The fire rescue station will be equipped with an Advanced Life Support (ALS) fire engine, quick response ALS emergency medical vehicle and living quarters for up to 11 emergency responders. Station will include space for training, decontamination, maintenance and equipment storage.



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

The new fire rescue station will enhance public safety by reducing emergency response times and expanding emergency response capacity. The new station will serve a six-square mile area with a population of more than 17,000 residents and approximately 7,500 housing units, as well as key commercial centers and critical regional transportation infrastructure.

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

The project will serve the general public in north Lakeland. The service area for the new fire rescue station covers approximately 17,000 residents and 7,500 housing units.

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

Reduced response times increases early intervention in time-critical medical incidents leading to better health outcomes and increased survival rates especially during cardiac emergencies, strokes, or traumatic injuries. CAD Data (Response times, unit availability, turn out times) before and after the new station is operational. Survival rates for specific medical emergencies in the response area.

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?

Failure to meet deliverables in this request would result in return of the funds.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

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)?

- Yes, Applied



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- 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.