



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1505

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

4. Project/Program Description

The City of Maitland Police Department serves a critical role in providing emergency services to the residents of Maitland and surrounding Orange and Seminole Counties. One of these critical services is to provide protection during events such as hurricanes. The emergency operations center in the police department has experienced issues with roof penetrations that are adversely affecting their EOC as well as their computer network systems. This funding would rectify these deficiencies.

5. **State Agency to receive requested funds**

State Agency contacted? No

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

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	350,000
Total State Funds Requested	350,000

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)	350,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	350,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	700,000	100%

8. **Has this project previously received state funding?** No

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?** No

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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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

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.

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	All funding for this project will go to funding the construction project	350,000
Total State Funds Requested (must equal total from question #6)		350,000

13. Program Performance

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

The City of Maitland Police Department serves a critical role in providing emergency services to the residents of Maitland and surrounding Orange and Seminole Counties. One of these critical services is to provide protection during events such as hurricanes. The emergency operations center in the police department has experienced issues with roof penetrations that are adversely affecting their EOC as well as their computer network systems. This funding would rectify these deficiencies.

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

This funding will provide continuity of operations for the command staff of the Police Department to provide public safety services to the community.



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

During emergency situations the Police Department EOC is activated to monitor public safety in the field and direct the officers to areas of critical need. If this operation is affected by conditions within the operations center, residents could be left with a poorly coordinated response efforts, placing them in unnecessary danger.

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

All 20,000 citizens of Maitland and the business community.

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

This outcome is measured by the calls for service received during emergency operations and the crime activity reported during emergency events.

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 outcomes will be measured by the number of property crimes committed during an emergency event.

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)?

- Yes, Applied
- Yes, Received



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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.