

LFIR # 1567

1.	Project Title	Newberry Regiona	al First Respond	ler Training Facility		
2.	Senate Sponsor	Stan McClain				
	·	0/4.4/0005				
3.	Date of Request	2/14/2025				
4.	Project/Program De	escription				
	responders from We multi-story training /	estèrn Álachua County	y, Gilchrist, and A "burn" facility	ment of a 10 acre fire / a Levy Counties. Facilitie Entities using the facil	es will include class	facility to equip first room training facility, oved ISO ratings that will
5.	State Agency to rec	ceive requested fund	ds Depart	ment of Financial Servi	ces	
	State Agency conta	•	•			
_						
6.	Amount of the Nonr	recurring Request fo	or Fiscal Year 2	2025-2026		
	Type of Funding			Amo	unt	
	Operating				0	
	Fixed Capital Outlay				500,000	1
	Total State Funds F	Requested			500,000	
7.	Total Project Cost fo	or Fiscal Year 2025-	2026 (including	g matching funds ava	ilable for this proj	ect)
						1
	Type of Funding			Amount	Percentage	
		equested (from quest	tion #6)	Amount 500,000	Percentage 50%	
		equested (from quest	tion #6)			
	Total State Funds Ro Matching Funds Federal				50%	
	Total State Funds Romatching Funds Federal State (excluding the	equested (from quest		500,000	50% 0% 0%	
	Total State Funds Romatching Funds Federal State (excluding the Local			500,000 0 500,000	50% 0% 0% 50%	1
	Total State Funds Romatching Funds Federal State (excluding the			500,000	50% 0% 0%	1
	Total State Funds Romatching Funds Federal State (excluding the Local Other		st)	500,000 0 500,000	50% 0% 0% 50%	
8	Total State Funds Romatching Funds Federal State (excluding the Local Other Total Project Costs	amount of this reque	st) 5-2026	500,000 0 500,000 0 1,000,000	50% 0% 0% 50% 0%	
8.	Total State Funds Romatching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre	amount of this reque	5-2026 ate funding?	500,000 0 0 500,000 0	50% 0% 0% 50% 0%	
8.	Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project prefit yes, provide the remark of the	amount of this reques for Fiscal Year 202	5-2026 ate funding?	500,000 0 500,000 0 1,000,000 No Specific	50% 0% 0% 50% 0%	
8.	Total State Funds Remarks Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project prefit yes, provide the remarks	amount of this requests for Fiscal Year 202 eviously received stance	5-2026 ate funding?	500,000 0 500,000 0 1,000,000	50% 0% 0% 50% 100%	
8.	Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project prefit yes, provide the remark of the	amount of this reques s for Fiscal Year 202 eviously received sta	st) 5-2026 ate funding? e:	500,000 0 500,000 0 1,000,000 No Specific	50% 0% 0% 50% 100%	
	Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project prefit yes, provide the remark (yyyy-yy)	amount of this reques s for Fiscal Year 202 eviously received sta	st) 5-2026 ate funding? e: int Nonrecurring	500,000 0 500,000 0 1,000,000 No Specific	50% 0% 0% 50% 100%	
	Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project prefit yes, provide the reference (yyyy-yy) Is future-year fundi	amount of this requests for Fiscal Year 202 eviously received stamost recent instance Amount of this requests are also as a second of this request are also as a	st) 5-2026 ate funding? e: int Nonrecurring ested?	500,000 0 500,000 0 1,000,000 No Specific Appropriation #	50% 0% 0% 50% 100%	
	Total State Funds Remarked Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project prefit yes, provide the reference (yyyy-yy) Is future-year funding a. If yes, indicate new	amount of this reques s for Fiscal Year 202 eviously received sta most recent instance Amou Recurring ng likely to be reque onrecurring amount	st) 5-2026 ate funding? e: int Nonrecurring ested? t per year.	500,000 0 500,000 0 1,000,000 No Specific Appropriation #	50% 0% 0% 50% 0% 100%	
	Total State Funds Remarked Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project prefit yes, provide the reference (yyyy-yy) Is future-year funding a. If yes, indicate new	amount of this reques s for Fiscal Year 202 eviously received sta most recent instance Amou Recurring ng likely to be reque onrecurring amount	st) 5-2026 ate funding? e: int Nonrecurring ested? t per year.	500,000 0 500,000 0 1,000,000 No Specific Appropriation #	50% 0% 0% 50% 0% 100%	



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500,000

500,000

10. Status of Construction				
a. What is the current phase of th	ne project?			
Planning	○ Construction ○ N/A	1		
b. Is the project "shovel ready" (i	.e permitted)?	No		
c. What is the estimated start dat	e of construction?	11012025		
d. What is the estimated complet	ion date of construction?	11/1/2026		
e. What funding stream will be us	sed for ongoing operations	and maintenance of	the project?	
City's general fund revenues				
City of Newberry will own the con				
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				

13. Program Performance

Planning Engineering

Salary and Benefits

Services/Study

Consultants/Contracted

Construction/Renovation/Land/

Other

Expense/Equipment/Travel/Supplies/

Fixed Capital Construction/Major Renovation:

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

Construct a first responder training facility to serve the residents of the City of Newberry, City of High Springs, Western Alachua County, Gilchrist and Levy Counties

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

Survey, design, and construction

First responder training and public outreach education classes

Total State Funds Requested (must equal total from question #6)

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

Improved first responder services, reduced property insurance rates, educational programming.



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	d. Who is the target population served by this project? How many individuals are expected to be served?
	50,000; 2,500
	e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
	Better equipped first responders, reduced property owners insurance, documents annual training hours.
	f. What are the suggested penalties that the contracting agency may consider in addition to its standard penaltie for failing to meet deliverables or performance measures provided for in the contract?
	Withhold funding of future projects until this project is successfully on track.
14.	Is this project related to mitigation, response, or recovery from a natural disaster? No
а	. 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 infastructure)
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?
Į	□ Yes, Applied
Į	□ Yes, Received
Į	□ No
[□ No, but intends to apply
а	. 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)?
Į	□ Yes, Applied
Į	□ Yes, Received
[□ No
[□ No, but intends to apply
a C	. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):



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. Requester Contact		ion] [
a. First Name	Mike		Last Name	New		
b. Organization	City of Newberry					
c. E-mail Address	MNew@I	MNew@NewberryFL.gov				
d. Phone Number	(352)472	-2161	Ext.			
. Recipient Contact						
a. Organization	City of No	ewberry			7	
b. Municipality and	d County	Alachua				
c. Organization Ty	pe					
□For Profit Entity	□For Profit Entity					
□Non Profit 501(d	□Non Profit 501(c)(3)					
□Non Profit 501(d	□Non Profit 501(c)(4)					
☑Local Entity	☑Local Entity					
□University or College						
□Other (please specify)						
d. First Name	Mike		Last Name	New		
e. E-mail Address	MNew@l	NewberryFL.gov				
f. Phone Number	(352)472	-2161	Ext.			
. Lobbyist Contact I	nformatio	on				
a. Name						
b. Firm Name	Peebles,	Peebles, Smith & Matthews, Inc.				
c. E-mail Address	angela.drzewiecki@gray-robinson.com					
d. Phone Number (850)577-9090						

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