



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1677

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

**4. Project/Program Description**

Pasco County seeks 50% funding (7,000,000) to design, permit and construct Fire Station # 4 in Pasco County. Pasco County will provide the additional 50% (\$7,000,000) that will be needed. In 2018, residents of Pasco County voted on a General Obligation Bond referendum, that was supported by Pasco County Taxpayers by nearly 83%. During the COVID-19 pandemic, labor, and materials saw a price escalation, which created a significant shortfall in completing the identified stations.

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                          | 200,000          |
| Fixed Capital Outlay               | 6,800,000        |
| <b>Total State Funds Requested</b> | <b>7,000,000</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)       | 7,000,000         | 50%         |
| <b>Matching Funds</b>                                |                   |             |
| Federal  | 0                 | 0%          |
| State (excluding the amount of this request)         | 0                 | 0%          |
| Local  | 7,000,000         | 50%         |
| Other  | 0                 | 0%          |
| <b>Total Project Costs for Fiscal Year 2025-2026</b> | <b>14,000,000</b> | <b>100%</b> |

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

If yes, provide the most recent instance:

| Fiscal Year<br>(YYYY-YY) | Amount    |              | Specific<br>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)?** No

**c. What is the estimated start date of construction?** 12/1/2025

**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?**

Fire Rescue Operating fund will cover ongoing operations of the station thru witnessed increase in taxable assessed values in the Fire MSTU.

**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.**

Pasco County Board of County Commissioners "Pasco County." Pasco County Fire Rescue works as a department under the purview of the Pasco County Board of County Commissioners.

**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                                  | The engineering deisgn of the fire station will cost \$400,000, of which, Pasco County will incur 50% of the expense (\$200,000)  | 200,000          |
| <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 cost of the fire station, including design, permitting, and construction will be \$14,000,000. This 3 bay, 16,000 sq foot facility will promote a fiscally responsible building design that places emphasis on the health and safety of our firefighters. | 6,800,000        |
| <b>Total State Funds Requested (must equal total from question #6)</b> |   | <b>7,000,000</b> |

**13. Program Performance**

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

The purpose of this request is to reduce response times to calls for emergency services within Pasco County, FL. Placing Fire Station # 4 in service, will allow for a reduction in call response times, by placing additional apparatus in service and ready to respond to emergency requests from citizens and visitors to Pasco County, FL.

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



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Fire Station # 4 will provide life-saving medical and fire protection to the citizens of Trinity, FL, which is located in Pasco County, Florida.

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

Emergency services, and fire protection.

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

Pasco County has a population of 634,000 citizens, of which, approximately 24,000 citizens will live, work, and play in the area serviced by Fire Station # 4.

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

The expected outcome of this request is to reduce response times to calls for service within Pasco County. Performance will be measured thru NFIRS, and also via internal reporting mechanisms that align with a Continuous Quality Improvement model.

**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?**

If the project is not delivered, as promised, a return of all funding would be required.

**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



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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.*