

LFIR # 2040

1.	Project Title	Gilchrist County F	Fire Rescue Pu	mper Tanker Apparatus		
2.	Senate Sponsor	Jennifer Bradley				
3.	Date of Request	2/11/2025				
4.	Project/Program Des	scription				
	replace two aging veh County, characterized minimizing the number during emergencies.	nicles in our fleet. G d by long response er of equipment use An analysis of incid	CFR is a dual f times and a lac ed. This strategy ent water usag	ase a 2,500-gallon comb fire-rescue department. ck of hydrants, it is vital t y is essential for efficien e reveals that the capac met the demands of all	Given the rural lands o maximize personn tly saving lives and p ity of this combination	scape of Gilchrist nel deployment while protecting property on pumper-tanker, when
5	State Agency to rece			rtment of Financial Serv		
	•	-	Всра	Timent of Financial Octv	1003	
	State Agency contac	ted? No				
6.	Amount of the Nonre	ecurring Request f	or Fiscal Year	2025-2026		
	Type of Funding			Amo	ount	
	Operating				975,000	
	Fixed Capital Outlay				0	
	Total State Funds Re	equested			975,000	
7.	Total Project Cost fo	r Fiscal Year 2025	-2026 (includii	ng matching funds ava	nilable for this proje	ect)
	Type of Funding			Amount	Percentage	
	Total State Funds Re	quested (from ques	stion #6)	975,000	100%	
	Matching Funds					
	Federal			0	0%	
	State (excluding the a	amount of this reque	est)	0	0%	
	Local			0	0%	
	Other			0	0%	
		(E' \/ 00/	05 0000	075 000	100%	
	Total Project Costs t	tor Fiscal Year 202	25-2026	975,000	100%	
8.	Has this project prev If yes, provide the m	viously received s	tate funding?	Yes	100 %	
8.	Has this project prev	viously received s nost recent instand	tate funding?	Yes Specific	Vetoed	
8.	Has this project prev If yes, provide the m	viously received s	tate funding? ce: unt	Yes Specific		
	Has this project previled by the modern street street from the modern street street from the modern street from th	Amore Recurring og likely to be requestions of the second	tate funding? ce: unt Nonrecurring uested?	Yes Specific Appropriation #	Vetoed	
	Has this project prev If yes, provide the m Fiscal Year (yyyy-yy) 2024-25	Amore Recurring og likely to be requestions of the second	tate funding? ce: unt Nonrecurring uested?	Yes Specific Appropriation #	Vetoed	
	Has this project prevaled by the market of t	Amore Recurring or glikely to be requestrecurring amounts.	tate funding? ce: unt Nonrecurring uested? nt per year.	Yes Specific Appropriation #	Vetoed No	



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

0.	Status of Const	ruction					
i	a. What is the cu	urrent phase of t	the project?				
	Planning	O Design	Construction	O N/A			
	b. Is the project	"shovel ready"	(i.e permitted)?				
	c. What is the es	stimated start da	ate of construction?				
(d. What is the es	stimated comple	etion date of constru	ction?			
	e. What funding	stream will be u	used for ongoing ope	rations a	and maintenance of	f the project?	
11.			o receive, directly or ers of the facility and			outlay funding. Include the	

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	Purchase of an E-1 Pumper-Tanker 2500 gallon Combination apparatus specifically equipped and meets National Fire Protection Association (NFPA) standards.	975,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	975,000

13. Program Performance

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

GCFR needs to replace two aging fleet vehicles. Adding this combination apparatus that has a high capacity for water carrying, along with the versatility of a pumper, will allow us to transport the necessary personnel and equipment, along with enough water to effectively respond to service calls. This will enable GCFR to manage fire emergencies more efficiently, maximize our inventory use, and reduce budget overruns.

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



LFIR # 2040

The first response vehicle is specifically engineered to transport water directly to fire sites and pump it onto the flames, streamlining operations by negating the necessity for separate pumper and tanker vehicles. Its cab has the capacity to accommodate the same number of personnel as both of those vehicles combined. This innovative service enhances the efficiency of fire emergency management. Furthermore, it actively supports community fire safety initiatives aimed at improving preparedness and bolstering overall safety measures.

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

This 2,500-gallon combination pumper-tanker will effectively handle the majority of the county's fire emergencies. Acquiring this pumper-tanker will enhance overall response times and improve our response capabilities. Quick response and recovery relies on having the right equipment and personnel available to manage emergencies and prevent the loss of life and property.

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

The population of Gilchrist County of over 17,864 (aka: Springs Capital of the World) and about 40,000 annual visitors. Gilchrist is a rural community covering an area of 349 sq miles and a population density of 51 persons per sq mile with no county fire hydrants. We are a rural area of concern with agriculture being its largest industry.

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

The expected benefit of this project is an enhanced emergency response capacity, improved public safety, and increased readiness to address community needs. The outcome will be measured through quantitative metrics such as reduced emergency response times, increased operational efficiency, and enhanced coordination between emergency services. Qualitative indicators, including citizen feedback and incident reports, will also gauge the project's success in providing a safer and more secure environment for the Gilchrist community.

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?

fe	or failing to meet deliverables or performance measures provided for in the contract?
	Standard Contract Penalties.
4. s	s 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 infastructure)
b.	Name of the natural disaster (or Executive Order # for events not under a federal declaration):
5. H	las the entity applied for or received federal assistance for this project?
	Yes, Applied
	Yes, Received
	l No
	No, but intends to apply
a.	If yes, provide the FEMA project worksheet ID#:



The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

LFIR # 2040

Has the entity applied for or received state assistance for this project (other than this request) 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 Commerce): Requester Contact Information A. First Name Bobby Last Name Crosby B. Organization Gilchrist County (Administrator) C. E-mail Address bcrosby@gilchrist.fl.us D. Phone Number (352)463-3198 Ext. Recipient Contact Information A. Organization Gilchrist County B. Municipality and County Gilchrist C. Organization Type For Profit 501(c)(3) Non Profit 501(c)(4) Ulniversity or College Other (please specify) D. First Name Bobby Last Name Crosby E. E-mail Address bcrosby@gilchrist.fl.us F. Phone Number (352)463-3198 Ext. Ext.	o. Provide the total	project c	ost listed on the	e FEMA proj	ect worksheet	t:		
Yes, Received No No, but intends to apply If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan ommerce): Requester Contact Information In First Name	Has the entity app	lied for o	r received state	assistance f	or this projec	t (other tha	n this reques	st)?
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	f. Phone Number	(352)463	-3198	Ext.				
	. Name	None						



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b. Firm Name		
c. E-mail Address		
d. Phone Number		

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