



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2061

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Funding is requested to replace critical law enforcement and first responder radio communication equipment necessary to access the statewide law enforcement radio communication system as the State of Florida moves toward a P25 platform. Specifically, obsolete radios will be replaced with XL Connect Platform used on the Statewide Law Enforcement Radio System. Additionally, funding will expand the number of users within Bradford County to include all Fire Rescue, and Sheriff first response personnel.

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

**State Agency contacted?**  Yes

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

Type of Funding	Amount
Operating	1,814,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,814,000</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)	1,814,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,814,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  Yes

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	1,250,000	2984A	No

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
<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		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Radios/Dispatch Console connectivity to state system.	1,814,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,814,000</b>

**13. Program Performance**

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

Funds will be used to replace outdated radios with the new XL connect platform equipment used on the Statewide Law Enforcement Radio Communication System. Funds will provide all first responders within Bradford County Sheriff's office, Emergency Services (EMS), and Fire Rescue with proper radio communication equipment.

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

Continued, reliable radio communication services to ensure first responders are able to quickly and accurately provide emergency services to individuals.

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



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Accurate and timely response to requests for emergency services.

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

Bradford County citizens, tourists, businesses, schools.

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

Timely and accurate response to requests for emergency and law enforcement services.

**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?**

Withholding percentage of funds until deliverables are achieved.

**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
- No
- No, but intends to apply

**a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):**



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**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**

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