



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2224

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

4. Project/Program Description

The City of Cocoa Beach (City) seeks funding to relocate and rebuild fire station #50 in North Cocoa Beach. This will be a minimalistic two (2) story structure with three (3) engine bays that make up the ground floor and office space/living quarters above.

5. State Agency to receive requested funds
- State Agency contacted?

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

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	5,000,000
<b>Total State Funds Requested</b>	<b>5,000,000</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)	5,000,000	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>5,000,000</b>	<b>100%</b>

8. Has this project previously received state funding?
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	0		No

9. Is future-year funding likely to be requested?
- 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

10. Status of Construction



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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?

12/01/2025

d. What is the estimated completion date of construction?

12/01/2026

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

City of Cocoa Beach general fund will be used for the ongoing maintenance and operation 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.

The City of Cocoa Beach.

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	N/A	0
Other Salary and Benefits	N/A	0
Expense/Equipment/Travel/Supplies/Other	N/A	0
Consultants/Contracted Services/Study	N/A	0
<b>Operational Costs</b>		
Salary and Benefits	N/A	0
Expense/Equipment/Travel/Supplies/Other	N/A	0
Consultants/Contracted Services/Study	N/A	0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Funds will be utilized for constructing the new fire station.	5,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>5,000,000</b>

13. Program Performance

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

The current fire station is outdated and presents multiple issues, risks, & challenges. Living space isn't completely separated from the engine bays allowing exhaust to enter living space, there is no decon area, bays are too small to accomadate our fire engines requiring us to have them altered to fit, flood water intrusion issues, no room for gender separation, etc. The current footprint is too small to build out the station any further as well, which would be needed to remedy some of these challenges. Relocating and rebuilding the station would allow us to have a more hardened, effiecient, and effective station in North Cocoa Beach.

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

Construction services.



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

Fire Rescue & Response  
 EMS Services  
 Water Rescue

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

Cocoa Beach has a population of over 11,300 citizens, roughly half of those citizens will be served by this station. This station also serves Cape Canaveral and Merritt Island through an auto-aid agreement.

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

A better equipped, more capable, and efficient fire station on the North end of Cocoa Beach. This can be measured by faster response times, the ability to house more capable apparatuses, more practical location, i.e., not in a residential neighborhood.

**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 City has a rigorous vetting procedure to select the most qualified and responsive contractors to perform the work and will require a performance bond equal to the cost of construction. We also have a legal team to aggressively litigate any discrepancies in performance and deliverables.

**14. Is 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 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.*