



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2245

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

4. Project/Program Description

Baker County is requesting funding to purchase a new pumper tanker combination unit. This new fire apparatus would allow up to four firefighters to arrive at one time on a single unit. This unit would replace an exiting apparatus that is at the end of its life expectancy. This apparatus will be utilized for a structure or other major fire emergency, which is recommended by NFPA 1710 for crew efficiency and effectiveness. Baker County protects 580 square miles and the average age of our pumper and tanker fleet is 18 years old to protect our growing population.

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	900,000
Fixed Capital Outlay	0
Total State Funds Requested	900,000

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)	900,000	95%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	50,000	5%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	950,000	100%

8. Has this project previously received state funding? No

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific 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? 06/01/2025

d. What is the estimated completion date of construction? 06/01/2027

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

Baker County Fire Rescue - local budget funds

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.

Baker County Board of County Commissioners will own this equipment.

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 Pumper Tanker Fire Apparatus Only	900,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		900,000

13. Program Performance

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

This pumper tanker combination Unit will be used to directly protect the citizens of Baker County as the first response unit to 580 square miles and mutual aid to a surrounding community with a total county population estimated at nearly 30,000 people.

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

Protection from fire with enhanced pumping and an increased water supply, provide for rescue such as vehicle extrications and emergency medical services such as critical emergency medical calls.

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



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Citizens will be better protected from fire and other emergencies, by having more reliable and better equipped fire apparatus to provide service to the community. Firefighters will be able to arrive together as one team, prepared to meet the emergency in a more efficient and effective manner, by utilizing pre-arrival planning.

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

General Population. 28,000

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

Decrease in property losses and fire casualties, quicker extrications from motor vehicle accidents due to team approach to emergency. Able to work more efficiently on critical emergency medical resuscitation calls (pit crew approach). Newer apparatus would be measurable with decreased costs of maintaining older, less reliable apparatus, as well as having to utilize three units to respond.

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?

Liquidated damages.

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
- Yes, Received
- No



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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

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