



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2251

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The funds will be used to replace outdated equipment and expand our resources, ensuring we are better equipped to respond quickly and effectively in disaster situations while enhancing our overall capacity for future emergencies, this includes replacing our old truck, enclosed trailer and expanding. We will then need to equip each of the new covered trailers with the supplies needed to be able to work independent of each other as we travel parts of the state, the equipment ranges from solar, power, generators, power tools, four-wheel vehicle to maneuver in places where the trucks cannot reach and equipment of the like.

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	212,000
Fixed Capital Outlay	0
Total State Funds Requested	212,000

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)	212,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	212,000	100%

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		

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.



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	2 heavy-duty trucks 2 enclosed trailers Disaster relief equipment: generators, power tools (to replace outdated equipment)	212,000
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
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)		212,000

13. Program Performance

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



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

The funds will support disaster response by equipping volunteers recruited from our 20,000 members to provide immediate relief after natural disasters. These volunteers will stage ahead of storms and assist with post-disaster recovery, including home triage, property salvage, and essential relief services. The goal is to enable rapid mobilization and effective support for affected Floridians.

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

The funding will support volunteers in delivering disaster relief, including staging ahead of storms, providing home triage to prevent further damage, salvaging personal property, and offering essential supplies and support to affected residents. These services ensure timely recovery assistance, helping Floridians rebuild and recover effectively after natural disasters.

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

General- the funds will benefit no specific group

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

The requested funds will enable timely disaster relief, benefiting impacted residents by reducing recovery time and minimizing property damage. A specific measure of benefit includes the number of homes triaged and personal property salvaged, which can reduce repair costs and insurance claims. Additionally, the equipment purchased will support the program for multiple years, creating long term benefits for disaster affected communities.

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 milestones are not met, it is suggested that funds be withheld until the agreed upon deliverables and performance measures 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):

Request is not specific to a named storm

15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied
- Yes, Received
- No



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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):

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



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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.