

1. Project Title

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

Baker County Pumper Tanker Fire Apparatus - Revert and Reappropriate

LFIR # 2306

	-		-						
2. 8	Senate Sponsor	Jennifer Bradley							
3. E	Date of Request	3/3/2025							
4. F	Project/Program D	escription							
r V	Baker County requests a revert and reappropriation of funding from FY 23-24, SA 2479A, which was reverted and reappropriated in Section 189, FY 24-25 GAA. Baker County requested 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 until 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.								
-	•	ceive requested fu	nds Depart	ment of Financial Se	rvices				
	• •	-	Боран	inone or i manolar co	111000				
3	State Agency conta	acted? Yes							
6. A	mount of the Non	recurring Request	for Fiscal Year	2025-2026					
7	Гуре of Funding			Ar	nount]			
(Operating				650,000	<u>ı</u>]			
F	ixed Capital Outlay	/			0	<u>, </u>			
٦	Total State Funds	Requested			650,000	,			
7. T	otal Project Cost f	for Fiscal Year 202	5-2026 (includin	g matching funds a	vailable for this proj	ject)			
	Type of Funding			Amount	Percentage	4			
		Requested (from que	stion #6)	650,00	0 93%	<u>- </u>			
	Matching Funds				00/	4			
	Federal	amount of this requ	uoot)		0 0% 0 0%	7			
	ocal	amount of this requ	iesi)	50,00		7			
	Other			30,00	0 0%	₹			
		s for Fiscal Year 20	25 2026	700,00		1			
8. F	las this project pr	eviously received s most recent instan	state funding?	Yes	0 100%	ч			
	Fiscal Year (уууу-уу)	Amo		Specific Appropriation #	Vetoed				
	2023-24	Recurring 0	Nonrecurring 650,0			4			
<u> </u>	LUZU-Z 1	U	050,0		A INU	Л			
á	a. If yes, indicate n	ing likely to be requonecurring amousurce of funding that	nt per year.	No Ilieu of state fundir	ng.				



10 Status of Construction

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Complete questions 10 and 11 for Fixed Capital Outlay Projects

a. What is the c	urrent phase of t	he project?				
Planning	O Design	Construction	O N/A			
b. Is the project	"shovel ready"	(i.e permitted)?				
c. What is the e	stimated start da	te of construction?		06/01/2025		
d. What is the e	stimated comple	tion date of construct	tion?	06/01/2027		
e. What funding	stream will be u	sed for ongoing oper	ations a	nd maintenance	of the project?	
		o receive, directly or i rs of the facility and t			tal outlay fundi	ng. 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	Operational Costs					
Salary and Benefits		0				
Expense/Equipment/Travel/Supplies/ Other	Purchase of Pumper Tanker Fire Apparatus Only	650,000				
Consultants/Contracted Services/Study		0				
Fixed Capital Construction/Majo	r Renovation:	·				
Construction/Renovation/Land/ Planning Engineering		0				
Total State Funds Requested (m	Total State Funds Requested (must equal total from question #6) 650,00					

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?



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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?

Ι.	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 he 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
е	. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will
b	e measured?
to	Decrease in property losses and fire casualties, quicker extrications from motor vehicle accidents due to team approach o 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 3 units to respond.
f.	What are the suggested penalties that the contracting agency may consider in addition to its standard penalties
fo	or failing to meet deliverables or performance measures provided for in the contract?
	liquidated damages
14. Is	s this project related to mitigation, response, or recovery from a natural disaster? No
a.	If Yes, what phase best describes the project?
	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):
15. H	as the entity applied for or received federal assistance for this project?
	I Yes, Applied
	I Yes, Received
	l 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)?



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☐ Yes, Applied					
☐ Yes, Received					
□ No					
☐ No, but intends t	o apply				
a. If yes, specify th	e progran	n and state ager	ncy (ex. Loca	al Governmen	t Emergenc
Commerce):					
17. Requester Contac	Informat	ion			
a. First Name	Sara		Last Name	Little	
b. Organization	Baker Co	ounty Board of C	ounty Commi	ssioners	
c. E-mail Address	sara.little	@bakercountyfl.	org		
d. Phone Number	(904)259	-3613	Ext.		
18. Recipient Contact a. Organization		ounty Board of Co	ounty		1
b. Municipality and	d County	Baker			
c. Organization Ty	ре				
□For Profit Entity					
□Non Profit 501(d	:)(3)				
□Non Profit 501(d	:)(4)				
☑Local Entity					
□University or Co	llege				
□Other (please sp	pecify)				
d. First Name	Sara		Last Name	Little	
e. E-mail Address	sara.little	@bakercountyfl.	org		
f. Phone Number	(904)259	-3613	Ext.		
19. Lobbyist Contact I	nformatio	on			_
a. Name	None				
b. Firm Name					
c. E-mail Address					



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d. Phone Number	

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