

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

LFIR # 2312

1. Project Title	Midway Fire – Advanced Batter	ry-Powered Rescue Equip	ment Upgrade	
2. Senate Sponsor	Corey Simon			
3. Date of Request	3/4/2025			
4. Project/Program De	escription			
and Personal Protect risks, and enhance I disasters, and provide	y) requests funds to replace all gas ctive Equipment (PPE) upgrades to life-saving efficiency. These tools a de uninterrupted emergency respo ers and strengthens public safety	o eliminate carcinogenic e and PPE ensure faster, sa	missions, protect fir lfer rescues, remain	efighters from cancer fully operational during
5. State Agency to red	ceive requested funds Department	artment of Financial Servi	ces	
State Agency conta		0005 0000		
	recurring Request for Fiscal Yea			
Type of Funding		Amo		
Operating Fixed Capital Outlay	,		200,000	
Total State Funds I			200,000	
7. Total Project Cost f	or Fiscal Year 2025-2026 (includ	ling matching funds ava	ilable for this proje	ect)
T	•	A		,
Type of Funding	equested (from question #6)	Amount	Percentage	
Total State Funds R	equested (from question #6)	Amount 200,000		
Total State Funds R Matching Funds	equested (from question #6)	200,000	Percentage 100%	
Total State Funds R Matching Funds Federal		200,000	Percentage 100%	
Total State Funds R Matching Funds Federal	equested (from question #6) amount of this request)	200,000	Percentage 100%	
Total State Funds R Matching Funds Federal State (excluding the		200,000	Percentage 100% 0% 0%	
Total State Funds R Matching Funds Federal State (excluding the Local Other		0 0 0	Percentage 100% 0% 0% 0%	
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pro	amount of this request)	200,000 0 0 0 200,000	Percentage 100% 0% 0% 0% 0% 0%	
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profit yes, provide the	amount of this request) s for Fiscal Year 2025-2026 eviously received state funding?	200,000 0 0 0 200,000 No Specific	Percentage 100% 0% 0% 0% 0% 0%	
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profit yes, provide the	amount of this request) s for Fiscal Year 2025-2026 eviously received state funding? most recent instance:	200,000 0 0 0 200,000 No Specific	Percentage 100% 0% 0% 0% 0% 100%	
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profit yes, provide the	amount of this request) s for Fiscal Year 2025-2026 eviously received state funding? most recent instance: Amount	200,000 0 0 0 200,000 No Specific	Percentage 100% 0% 0% 0% 0% 100%	
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profif yes, provide the Fiscal Year (уууу-уу) 9. Is future-year fundi	amount of this request) s for Fiscal Year 2025-2026 eviously received state funding? most recent instance: Amount Recurring Nonrecurring ing likely to be requested?	200,000 0 0 0 200,000 No Specific	Percentage 100% 0% 0% 0% 0% 100%	
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profit yes, provide the Fiscal Year (yyyy-yy) 9. Is future-year funding a. If yes, indicate new process of the project of t	amount of this request) s for Fiscal Year 2025-2026 eviously received state funding? most recent instance: Amount Recurring Nonrecurring	200,000 0 0 0 200,000 No Specific Appropriation #	Percentage 100% 0% 0% 0% 0% 100%	



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a. What is the cu	ruction irrent phase of t	the project?			
Planning	O Design	Construction	O N/A		
b. Is the project	"shovel ready"	(i.e permitted)?			
c. What is the es	stimated start da	ate of construction?			
d. What is the es	stimated comple	etion date of constru	ction?		
e. What funding	stream will be ι	used for ongoing ope	erations and mainte	enance of the project?	
		o receive, directly or ers of the facility and		ed capital outlay funding.	Include the
City of Midway					

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	Complete Amkus rescue sets (spreaders, cutters, and ram); Amkus combination cutter/spreader tools; Positive pressure fans,; Dwalt chainsaws; K-12 Saws; Windshield removal cutting Kits and handheld blowers.	200,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	200,000

13. Program Performance

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

To have the ability to respond to a variety of large and small emergencies with proper equipment will more efficiently serve the local citizens and the surrounding communities.

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

Emergency incident response.

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



14.

15.

16.

□ No

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W	-nsuring rapid, well-equipped emergency response is critical to public safety. Upgrading to advanced rescue equipment ill enhance response times, efficiency, and firefighter capabilities, directly improving the City's and County's ISO rating, crengthening fire protection, and increasing community safety.
d.	Who is the target population served by this project? How many individuals are expected to be served?
Δ	Approximately 46,000 citizens of Gadsden County. Additionally, we are responsible for about 20 mile of I-10.
e.	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will
be	e measured?
	Protection of life and rapid response times. Outcomes will be measured by the number of calls reported to the State and the annual ISO evaluation.
f.	What are the suggested penalties that the contracting agency may consider in addition to its standard penaltie
fo	r failing to meet deliverables or performance measures provided for in the contract?
	Repayment of funds to contracting agency for failure to meet deliverables or performance measures as outlined in the xecuted agreement.
	this project related to mitigation, response, or recovery from a natural disaster? No
a. If	f 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 infastructure)
b. N	Name of the natural disaster (or Executive Order # for events not under a federal declaration):
. На	as the entity applied for or received federal assistance for this project?
	Yes, Applied
	Yes, Received
	No
	No, but intends to apply
	f yes, provide the FEMA project worksheet ID#:
a. II	r yes, provide the r Lima project worksheet ib#.
b. F	Provide the total project cost listed on the FEMA project worksheet:
6. Ha	as the entity applied for or received state assistance for this project (other than this request)?
	Yes, Applied
	Yes, Received



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□ No, but intends to a. If yes, specify the Commerce):		າ and state age	ency (ex. Loca	ıl Governmer	nt Emergenc	y Bridge Loa	ın, Departme
Commerce).							
17. Requester Contact	Informati	ion				7	
a. First Name	Henry		Last Name	Grant			
b. Organization	City of Mi	idway					
c. E-mail Address	hgrant@r	midwayfl.com					
d. Phone Number	(448)500	-1917	Ext.				
10. Basiniant Cantast	lf 4:						
18. Recipient Contact a. Organization	City of Midway						
b. Municipality and	•				7		
	•	Causaen			_		
c. Organization Ty	pe						
□For Profit Entity							
□Non Profit 501(c	:)(3)						
□Non Profit 501(c	:)(4)						
☑Local Entity							
□University or Co	llege						
☐Other (please sp	-						
	· ,		¬ [1	
d. First Name	Henry		Last Name	Grant]	
e. E-mail Address	•	•]	
f. Phone Number	(448)500	-1917	Ext.				
19. Lobbyist Contact I		n			7		
a. Name	None						
b. Firm Name							
c. E-mail Address						7	
d. Phone Number							

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