



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2313

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Concord Volunteer Fire Department in Gadsden County does not have appropriate wildland response and rescue trucks to support our rural community and provide mutual aid to all surrounding fire departments. The department seeks to replace two repurposed ambulance chassis that have a combined 750,000 miles on them. The trucks are no longer dependable for emergency response duty and endangers our firefighters and the public. This requested equipment will be used for first response to all types of Fire/Rescue and Medical Assist Calls. This equipment will help our department maintain our ISO rating to benefit the citizens of our service area.

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	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

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)	500,000	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	500,000	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	Purchase a Stock 4X4 Mini Pumper with 300 gallon tank and 750 GPM Pump with Foam Induction System for Vehicle Accidents and Extrication. This request also includes a 4X4 Brush Truck equipped with a 300 gallon skid unit for brush / woods fires.	500,000
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)		500,000

13. Program Performance

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

The specific purpose and goal is to provide improved Fire/Rescue Services, Medical Assist, and Extrication to Traffic Accidents, Wild Fire / Woodland Fire Responses and Mutual Aid to all neighboring departments upon request.

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



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Provide a quicker First Response to incidents for service with adequate and appropriate apparatus.

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

Providing these services timely, efficiently, and adequately will have an improved impact on the level of protection provided to our residents and help our department maintain our ISO rating.

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

Gadsden County has approximately 46,000 residents. Our department's first due ISO area covers approx. 25 Square Miles plus mutual aid areas.

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

Life & Property Protection is paramount and rapid response times are essential to rural areas of Gadsden County. Responding with the proper equipment is very important to be able to efficiently manage the incidents.

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?

Contracting agency should be required to provide a performance bond to cover the contract amount in case of failure to complete the contract on time.

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):

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.