

LFIR # 2315

| 1. Project Title | Tampa Fire Rescu Reappropriate | e South Tampa R | escue / Marine Unit - | Revert & | |
|--|--|---------------------------------------|---|--|--|
| 2. Senate Sponsor | Jay Collins | | | | |
| 3. Date of Request | 2/26/2025 | | | | |
| 4. Project/Program D | escription | | | | |
| FY 2023-24 to purch vehicles the City has | hase the rescue trans s purchased. This req e response time for en | oort vehicle. Due tuest is for the FY | o supply chain issue: 2023-24 funding to b | s, it is currèntly taking e reverted and reap | Appropriation 2479A) in ng 3-5 years to receive opropriated. The surrounding MacDill Air |
| 5. State Agency to re | ceive requested fund | ds Departme | ent of Financial Service | ces | |
| State Agency conta | acted? Yes | | | | |
| 6. Amount of the Non | rocurring Boguest fo | r Eisaal Vaar 201 | 05.2026 | | |
| | Teculing Request ic | riscai i eai 202 | | | I |
| Type of Funding | | | Amo | | |
| Operating Fixed Capital Outloy | , | | | 290,000 | |
| | Fixed Capital Outlay Total State Funds Requested | | | 290,000 | |
| Total State I ulius | Nequesteu | | | 290,000 | I |
| 7. Total Project Cost f | or Fiscal Year 2025- | 2026 (including r | natching funds avai | lable for this proje | ect) |
| Type of Funding | | | Amount | Percentage | |
| | equested (from quest | ion #6) | 290,000 | 64% | |
| Matching Funds | | | | | |
| Federal | | | 0 | 0% 0% | |
| , , | amount of this reque | St) | 0 | | |
| Local | | | 166,178 | | |
| Other | | | 0 | 0% | |
| Total Project Costs | s for Fiscal Year 202 | 5-2026 | 456,178 | 100% | |
| 8. Has this project pro If yes, provide the | eviously received stance | • | Yes | | |
| Fiscal Year | Amou | nt | Specific " | Vetoed | |
| (уууу-уу) | Recurring | Nonrecurring | Appropriation # | | |
| 2023-24 | 0 | 290,000 | 2479A | No | |
| 9. Is future-year fund | ing likely to be reque | ested? | No | | |
| • | onrecurring amount | ' | | | |
| | • | | | | i. |
| b. Describe the sou | urce of funding that | can be used in li | eu of state funding. | | |
| | | | | | |



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

| status of Const | | | | | | |
|-----------------|-------------------|------------------------|------------|-------------|-----------------|------------------|
| What is the cu | urrent phase of t | he project? | | | | |
| Planning | O Design | Construction | O N/A | | | |
| Is the project | "shovel ready" | (i.e permitted)? | | | | |
| What is the es | stimated start da | te of construction? | | | | |
| What is the es | stimated comple | tion date of construc | tion? | | | |
| What funding | stream will be u | sed for ongoing ope | rations a | d maintenan | ce of the proje | ct? |
| | | | | | | |
| | | | | | | |
| | | o receive, directly or | | | pital outlay fu | nding. Include t |
| relationship be | tween the owne | rs of the facility and | tne 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 | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs | | |
| Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/ Other | Revert and reappropriate the funding. The funding for the unit will cover costs related to outfitting a specialized rescue transport vehicle with lifesaving equipment including water rescue dive equipment, marine technology, advanced life support equipment, a power load stretcher, and tow technology for personal watercraft. | 290,000 |
| 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) | 290,000 |

13. Program Performance

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



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\$290,000 in funding was received through a legislative appropriation (specific approp. 2479a) in FY 2023-24 to purchase the rescue transport vehicle. Due to supply chain issues, it is currently taking 3-5 years to receive vehicles the city has purchased. This request is for the FY 2023-24 funding to be reverted and reappropriated. The purpose is to reduce response time for emergency rescue calls and marine rescue calls in the area surrounding MacDill Air Force Base in South Tampa

| at activities and services will be provided to meet the intended purpose of these funds? |
|--|
| |
| gency and Marine Rescue Operations. |
| t direct services will be provided to citizens by the appropriation project? |
| irect service provided to citizens is the rapid response by Tampa Fire Rescue by trained paramedics to emergency |
| is the target population served by this project? How many individuals are expected to be served? |
| eral (The majority of the funds will benefit no specific group) >800 |
| t is the expected benefit or outcome of this project? What is the methodology by which this outcome will asured? |
| ve physical health- Improved emergency response- Emergency response time is the key metric we use to nine whether or not our fire rescue resources are effectively deployed. We measure from the point of an emergency arrival. |
| t are the suggested penalties that the contracting agency may consider in addition to its standard penalties ing to meet deliverables or performance measures provided for in the contract? |
| sion of funding |
| project related to mitigation, response, or recovery from a natural disaster? No |
| , what phase best describes the project? |
| tigation (reducing or eliminating potential loss of life or property) |
| |
| esponse (addressing the immediate and short-term effects of a natural disaster) |
| esponse (addressing the immediate and short-term effects of a natural disaster) |
| |
| ecovery (assisting communities return to normal operations, including rebuilding damaged infastructure) |
| ecovery (assisting communities return to normal operations, including rebuilding damaged infastructure) |
| ecovery (assisting communities return to normal operations, including rebuilding damaged infastructure) e of the natural disaster (or Executive Order # for events not under a federal declaration): |
| ecovery (assisting communities return to normal operations, including rebuilding damaged infastructure) e of the natural disaster (or Executive Order # for events not under a federal declaration): e entity applied for or received federal assistance for this project? |
| ecovery (assisting communities return to normal operations, including rebuilding damaged infastructure) of the natural disaster (or Executive Order # for events not under a federal declaration): e entity applied for or received federal assistance for this project? Applied |
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| 6. Has the entity app | olied for or received state | assistance | for this projec | t (other than | n this request |
|-----------------------|-----------------------------|---------------|-----------------|---------------|----------------|
| ☐ Yes, Applied | | | | | |
| ☐ Yes, Received | | | | | |
| □ No | | | | | |
| ☐ No, but intends t | o apply | | | | |
| | e program and state ager | ncy (ex. Loca | al Governmen | t Emergenc | y Bridge Loar |
| | | | | | |
| . Requester Contac | t Information | ٦ | | | |
| a. First Name | Jane | Last Name | Castor | | |
| b. Organization | City of Tampa | | | | |
| | jane.castor@tampa.gov | 7 | | | |
| d. Phone Number | (813)274-8251 | Ext. | | | |
| Recipient Contact | Information | | | | |
| a. Organization | City of Tampa | | | | |
| b. Municipality and | d County Hillsborough | | | | |
| c. Organization Ty | ре | | | | |
| □For Profit Entity | | | | | |
| □Non Profit 501(d | c)(3) | | | | |
| □Non Profit 501(d | | | | | |
| ☑Local Entity | , | | | | |
| □University or Co | allege | | | | |
| □Other (please s | · · | | | | |
| | 500ny) | ٦ | | | |
| d. First Name | lan | Last Name | Whitney | | |
| e. E-mail Address | | 7 | | | |
| f. Phone Number | (813)274-8016 | Ext. | | | |
| . Lobbyist Contact I | nformation | | | | |
| a. Name | Angela M. Drzewiecki | | | | |
| b. Firm Name | GravRobinson PA | | | | |



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| c. E-mail Address | angela.drzewiecki@gray-robinson.com | |
|-------------------|-------------------------------------|--|
| d. Phone Number | (850)577-9090 | |

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