



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2321

1. Project Title
2. Senate Sponsor
3. Date of Request

4. Project/Program Description

Citrus County (County) requests funding for relocating Fire Station #8 to a new location thereby increasing the number of homes served by 7,200 and reducing response times for fire suppression and EMS services.

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	0
Fixed Capital Outlay	3,500,000
<b>Total State Funds Requested</b>	<b>3,500,000</b>

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)	3,500,000	78%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	1,000,000	22%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>4,500,000</b>	<b>100%</b>

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



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a. What is the current phase of the project?

- Planning    
  Design    
  Construction    
  N/A

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

10/01/2025

d. What is the estimated completion date of construction?

04/01/2027

e. What funding stream will be used for ongoing operations and maintenance of the project?

Annual ad valorem and service taxes.

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.

Citrus County, Florida (owner and entity are the same)

12. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Construction of a new fire station	3,500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>3,500,000</b>

13. Program Performance

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

Relocating Citrus County Fire Rescue Station 8 to Inverness Airport will provide an invaluable advantage in emergency preparedness, response efficiency, and public safety across Citrus County. This investment will bolster the operational readiness of our emergency services while supporting a growing, safe, and resilient community.

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

A new station will reduce response times, increasing survival rates for medical emergencies and minimizing property loss in fire incidents.

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



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A new station will reduce response times, increasing survival rates for medical emergencies and minimizing property loss in fire incidents.

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

The target population served by this project includes all of Citrus County, with an additional 7,200 homes in the direct response area.

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

Improved geographic coverage will enhance public safety, lowering the risk of catastrophic fire and delayed medical care. The fire department's reporting system will track fractile response times to incidents, allowing for data-driven analysis of response efficiency and continuous improvement. Data analytics will be used to compare pre- and post-construction response times, identifying measurable improvements. Incident reporting will track reductions in property damage and medical emergency survival rates.

**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?**

Mandatory Corrective Action Plan Submission: If the contractor fails to meet any deliverable or performance measure, they must submit a Corrective Action Plan (CAP) within five (5) business days of notice from the County. The CAP must outline specific corrective actions, a revised timeline, and responsible parties for resolution. Increase the per-day penalty for excessive delays beyond a reasonable time frame. Implement damages for failure to meet critical project milestones.

**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.*