



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2326

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

**4. Project/Program Description**

The Stone Mill Creek Volunteer Fire Department (SMCVFD) is in need of a rescue pumper and equipment. Gulf County is a fiscally restrained small rural county and SMCVFD has an annual operating budget of approximately \$43,222. In a fiscally constrained small county, SMCVFD will never be able to purchase a new rescue pumper. SMCVFD's current trucks are older and require more repairs and maintenance which is also taxing on their budget. SMCVFD is in need of a new rescue pumper and equipment.

5. **State Agency to receive requested funds**

**State Agency contacted?**  No

**6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

Type of Funding	Amount
Operating	550,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>550,000</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)	550,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>550,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  No

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?**  No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



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**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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	A new rescue pumper and equipment would be purchased from the Florida Sheriff's Association cooperative purchasing program.	550,000
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		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>550,000</b>

**13. Program Performance**

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

A new rescue pumper and equipment will assist the Stone Mill Creek VFD with the ability to provide a better service to the citizens and visitors of Gulf County, specifically to the Stone Mill Creek Community in Northern Gulf County and Calhoun County that SMCVFD provides mutual aid to.

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

Purchase of a new rescue pumper and equipment from the Florida Sheriff's Association cooperative purchasing program.

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



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A rescue pumper is capable of transporting more equipment (i.e. jaws of life) to the scene of an accident ,as well as carrying water for fire incidents to protect citizens, visitors, and property.

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

The SMCVFD currently provides fire protection services to approximately 1,408 citizens and 729 primary structures in 23.7 square miles.

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

The SMCVFD will have a rescue pumper that is capable of transporting more equipment (i.e. jaws of life) to the scene of an accident, as well as carrying enough water to protect citizens, visitors, and property.

**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?**

Failing to meet deliverables or performance measures would impact future funding request.

**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
- Yes, Received
- No
- No, but intends to apply



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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

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