



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2329

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

**4. Project/Program Description**

In order to effectively protect and respond to the needs of Madison County's (County) citizens, the County wishes to purchase two new ambulances. This equipment will augment the County's aging fleet and allow Madison County Fire Rescue to provide reliable property protection and life safety services to residents.

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	700,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>700,000</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)	700,000	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>700,000</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)?

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		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Purchase two fire rescue emergency ambulances.	700,000
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>700,000</b>

13. Program Performance

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

In order to effectively protect and respond to the needs of Madison County's (County) citizens, the County wishes to purchase two new ambulances. This equipment will augment the County's aging fleet and allow Madison County Fire Rescue to provide reliable property protection and life safety services to residents.

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

These funds will allow for the purchase of two fire rescue emergency ambulances that will allow the County to respond and perform efficiently and effectively. The ambulances will replace the aging and damaged fire rescue ambulances the County currently possesses.

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



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The new equipment will enable the County to continue to provide emergency services to the community and additional Madison County residents.

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

The general population will be served by the project and thousands are expected to be served.

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

The ambulances will help the County improve emergency medical responder times to medical incidents. The County will observe a reduction in response times and increase in number of residents served.

**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?**

If appropriated, Madison County will ensure that all deliverables and performance measures set forth in the funding agreement are met. These measures will include engaging a compliance/project management team to work with County staff to oversee administration and compliance of the appropriated funds.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**  No  Yes

**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):**

Emergency Response

**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



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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**

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