



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2408

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

4. Project/Program Description

Okeechobee County (County) seeks funds for preliminary architectural/engineering, planning, and design services for Fire Station No. 5 that will provide essential fire rescue public safety services within the County to address the increasing population and the demand for more immediate emergency services in this rural area of opportunity.

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	1,000,000
Total State Funds Requested	1,000,000

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)	1,000,000	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	1,000,000	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



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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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	n/a	0
Other Salary and Benefits	n/a	0
Expense/Equipment/Travel/Supplies/Other	n/a	0
Consultants/Contracted Services/Study	n/a	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	Contractual architectural/engineering planning and design services	1,000,000
Total State Funds Requested (must equal total from question #6)		1,000,000

13. Program Performance

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

Goal is to seek contractual services for preliminary architectural/engineering, planning, and design services to construct fire rescue station No. 5 to provide essential public safety emergency services within the County, to address the increasing population and the demand for more immediate fire rescue services in this rural area of opportunity. Protection of life, health, property, the environment and safety of the community.

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

To seek architectural/engineering services through the County's procurement policies and procedures.

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



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Protection of life, health, property, the environment and safety by providing essential public safety emergency services in appropriately designed facilities in close proximity to residential and commercial properties. Once constructed, improved response times.

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

Population served is the residents and visitors of Okeechobee County that is designated as a Rural Area of Critical Economic Concern per Executive Order #11-81; and as outlined in F.S. 288.0656 Rural Economic Development Initiative (REDI) as a Rural Area of Opportunity;

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

Expected outcome is design of Fire Station No. 5 that allows for bidding and construction services to commence. Completion of the design.

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?

Contractual milestones to be adhered to throughout the project; non-payment of invoices until milestones addressed; corrective action plan, liquidated damages, if needed.

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



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- 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.