



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2624

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

4. Project/Program Description

The Mossy Pond Volunteer Fire Department (MPVFD) is seeking a replacement for their current 1984 fire engine. The MPVFD is requesting a 3,000-gallon tanker to better serve the community, as Calhoun County (County) lacks fire hydrants, and the department relies on its own stations for water supply. Additionally, with the increasing number of accidents on CR 274 and CR 167, an upgraded fire engine would enable the department to respond more quickly and safely, ensuring they can effectively protect lives and property in the area.

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	600,000
Fixed Capital Outlay	0
Total State Funds Requested	600,000

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)	600,000	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	600,000	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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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LFIR # 2624

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
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	Fire Engine	600,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		600,000

13. Program Performance

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

It is essential for the Mossy Pond Volunteer Fire Department to acquire a more reliable and capable fire engine to replace the current 1984 model. We are requesting a 3,000-gallon tanker to better meet the needs of our rural community, as Calhoun County lacks fire hydrants, requiring engines to fill up exclusively at the fire stations. Additionally, with the rising number of accidents on CR 274 and CR 167, an upgraded fire engine will allow Mossy Pond to respond more quickly and safely, improving our ability to protect lives and property in the area.

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



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These funds will enable the Mossy Pond Volunteer Fire Department to acquire a new fire engine, which will be crucial for responding to emergency calls within Calhoun County and providing assistance to neighboring counties during critical situations when needed.

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

The new fire engine will greatly enhance the MPVFD's ability to respond quickly and effectively to emergency situations within the community, including structure fires, forest fires—exacerbated by the fuel load left by Hurricane Michael—and vehicle accidents, ensuring comprehensive assistance for all citizens within the department's service area.

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

All Calhoun County citizens and surrounding counties.

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

Enhanced fire protection, reduced insurance premiums, and improved safety for lives and property. These outcomes will be measured by a reduction in fire-related losses and an overall increase in public safety.

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?

The County will work with the contracting agency to determine applicable measures should funding be made available.

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2624

- 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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LFIR # 2624

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