



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2625

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

4. Project/Program Description

The funds requested will be used to purchase a new ambulance for Calhoun County EMS, ensuring the timely and efficient transport of patients in emergency situations. This new vehicle will enhance Calhoun County's (County) response capabilities, improve patient care, and reduce downtime associated with aging fleet vehicles, ultimately saving lives and supporting the community's health and safety.

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	400,000
Fixed Capital Outlay	0
Total State Funds Requested	400,000

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)	400,000	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	400,000	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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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	Ten 8 Fire & Safety - Crestline CC150 Ambulance, Stryker - Power load stretcher system, Lightning Graphics - Emergency Lettering & Striping, and Mobile Communications America – VHF & UHF communications systems	400,000
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)		400,000

13. Program Performance

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

The funds requested will be used to purchase a new ambulance for Calhoun County EMS, ensuring the timely and efficient transport of patients in emergency situations. This new vehicle will enhance Calhoun County's (County's) response capabilities, improve patient care, and reduce downtime associated with aging fleet vehicles, ultimately saving lives and supporting the community's health and safety.

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



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The funds will enable the purchase of a fully equipped ambulance, allowing Calhoun County EMS to provide critical emergency medical services such as rapid response, advanced life support, and safe patient transport. This new vehicle will improve the Calhoun County's (County) operational efficiency, reduce response times, and ensure that the County's EMS team can provide the highest standard of care to residents and visitors in need of urgent medical attention.

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

The appropriation will directly provide emergency medical services to citizens through the deployment of a new ambulance. This will enhance the County's ability to respond quickly to medical emergencies, offering life-saving treatments, stabilization, and safe transport to medical facilities. By improving response times and ensuring that the County's team has the necessary equipment, we will better serve the health and safety needs of the Calhoun County community.

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 15,000 residents and visitors of Calhoun County, especially those in need of emergency medical care. The new ambulance will provide critical support to individuals experiencing medical emergencies and those requiring urgent transportation. It is anticipated the new vehicle will assist a significant portion of the population annually, ensuring timely medical intervention for a growing and diverse community.

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

The expected benefit of this project is improved emergency medical response times, enhanced patient care, and increased operational efficiency for Calhoun County EMS. The outcome will be measured by tracking key metrics such as response times, patient satisfaction, and the reduction in vehicle downtime. Additionally, the County will track out-of-service maintenance days, monitor the number of emergency calls served, and analyze the number of lives saved and improvements in patient outcomes attributed to the new ambulance.

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#:



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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

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



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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.