



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2640

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The hardening and mitigation activities that are proposed within this project would provide greater protection to the Jackson County Fire Rescue Station during natural disasters and severe weather events. This could allow the facility to remain operational during the the most critical times and protect the vital first responders so that they may attend to Jackson County citizens in the aftermath of a natural disaster or severe weather event. The project would include design and renovation of facility consisting of new wind rated exterior envelope, generator with ATS, building insulation, HVAC, and other exterior safety fixtures.

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	1,750,000
<b>Total State Funds Requested</b>	<b>1,750,000</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)	1,750,000	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>1,750,000</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

a. What is the current phase of the project?

- Planning   
  Design   
  Construction   
  N/A

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

10/01/2025

d. What is the estimated completion date of construction?

06/30/2026

e. What funding stream will be used for ongoing operations and maintenance of the project?

Jackson County Board of County Commissioners Budget

### 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.

Board of Trustees of the Internal Improvement Trust Fund of the State of Florida (TIITF) owns the land that the facility is Jackson County Fire Rescue Station is located at, and leases it to the Jackson County Board of County Commissioners.

### 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		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Improvements to be made to the facility include new roof and exterior wall paneling, new insulation, and sufficiently wind rated exterior openings of roll up doors, windows, and doors. Exterior safety and directional lighting would be upgraded as well as HVAC/ductwork that is adjoined to the structure. A new generator with ATS would be installed to keep facility operational in event of power loss. Architectural and engineering design of the facility to meet all necessary ratings and standards.	1,750,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,750,000</b>

### 13. Program Performance

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



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

All involved Jackson County Staff will work closely together to proceed with the improvements to the facility by lining up large scale purchasing, procuring engineering and design services, and procuring construction work to be performed.

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

While no additional services would be added or provided directly to citizens as a result of this project. The project would allow for quicker, continued, and uninterrupted first responder service to be provided by the facility to all citizens. The primary services are Fire Rescue and Emergency Medical Services.

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

This Fire Rescue Station primarily serves the central and northern portions of Jackson County, but the entire population of Jackson County could benefit from this project. Project Funds would not benefit one specific group.

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

The expected outcome of the project is to harden the Jackson County Fire Rescue Station which will mitigate against future damages from natural disasters and/or severe weather events that will provide the benefit of faster and uninterrupted service following the event(s).

**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?**

De-obligation of funding may be possible if deliverables or expected project performance are not met.

**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):**

Mitigation of damages from future disasters

**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.*