



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2872

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Highlands County seeks funding for a new fire EMS station. The town of Lake Placid, Florida and surrounding area is currently serviced by a volunteer fire station with no sleeping, kitchen or housing amenities to service a paid fire staff. The new fire station will not only provide living accommodations for firefighters and emergency medical personnel on duty it will provide one co-location for personnel and apparatus which is not currently available.

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	7,000,000
Total State Funds Requested	7,000,000

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)	7,000,000	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	7,000,000	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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2872

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? 10/30/25

d. What is the estimated completion date of construction? 10/30/26

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

The firehouse operations and maintenance will be funded through fire assessment and general fund dollars.

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.

Highlands County

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		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	The appropriation will be utilized to construct the fire station to service the town of Lake Placid and surrounding area.	7,000,000
Total State Funds Requested (must equal total from question #6)		7,000,000

13. Program Performance

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

The town of Lake Placid, Florida and surrounding area is currently serviced by a volunteer fire station with no sleeping, kitchen or housing amenities to service a paid fire staff. This fire station will not only provide living accommodations for firefighters and emergency medical personnel on duty it will provide one co-location for personnel and apparatus which is not currently available.

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

Construction of a fire EMS station.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2872

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

Fire rescue and response EMS services.

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

General population of the area is the target population. The majority of funds will benefit no specific group. Roughly 20,000 individuals will be served by this station.

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

Provide efficient effective fire and emergency medical response to the Lake Placid area - Quicker response times, quality appropriate facilities for first responders

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 established throughout the project, non-payment of invoices until milestones completed.

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

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
- No



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2872

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.