



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2877

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

4. Project/Program Description

During the 2024 legislative session, the City of Crescent City (City) received an appropriation of \$1,000,000. This funding is being used to construct Phase 1 of the City's new Fire/EMS personnel sleeping quarters building. The City is requesting an additional legislative appropriation of \$2,000,000 for Phase 2 to complete the fire station facility. The additional funding will be used to construct the fire and ambulance bays to house all emergency response vehicles on-site and under-roof.

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	2,000,000
Total State Funds Requested	2,000,000

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)	2,000,000	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	2,000,000	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		
2024-25	0	1,000,000	2496A	No

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 # 2877

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? 06/01/2026

d. What is the estimated completion date of construction? 12/30/2026

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

City of Crescent City operating account.

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.

City of Crescent City.

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	Bidding, construction and Engineering CEI Services.	2,000,000
Total State Funds Requested (must equal total from question #6)		2,000,000

13. Program Performance

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

Complete the construction of the City of Crescent City's new Fire/EMS station.

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

Fire fighting and Emergency Medical Services (EMS) operations would be coordinated from the new fire station.

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

Fire fighting and Emergency Medical Services (EMS) would be operating out of the new fire house facility and would be available to all the citizens of the City of Crescent City.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2877

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

The project will provide the 1,708 people living in the City of Crescent City, Florida with more effective and efficient fire protection and EMS services.

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

Construction of the new fire station and EMS facility will decrease the response time and increase the response efficiency for both fighting fires and responding to emergency medical events occurring within within the City of Crescent City.

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 construction contract will include specific penalties if the proposed time line for construction is not met by the selected contractor.

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
- No
- No, but intends to apply



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2877

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.