



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2931

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Gadsden County Sheriff Public Safety Interoperability Project is an initiative to provide greater law enforcement services to the citizens of Gadsden County during an occurrence of man-made or natural disaster. The implementation of this project will provide adequate tools and equipment required for Law Enforcement Officers to effectively respond to calls during periods of incremental weather conditions. This project implementation will provide greater accessible to disaster stricken areas in the county. During the recent Hurricane we experienced challenging situations that caused us to reevaluate our processes, tools and equipment needed to effectively serve our community.

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.



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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)?

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	Mobile Command Unit for Law Enforcement ops. fully equipped1 @ \$600,000	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?

The goal achieved will be a reduction in the response time for calls for service and accessibility during emergencies, man-made, or natural disasters. The purpose of the requested funds for this equipment is to allow greater accessibility to areas in this rural county that have limited access without specialized equipment.

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



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This funding will support search and rescue and law enforcement operations in emergencies and natural disasters.

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

This project will provide search and rescue and evacuation services to citizens.

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

The target population to be served is county-wide. The total population for Gadsden County is 43,058, the total number of individuals to be served.

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

This project will prevent loss of life during emergencies, man-made or natural disasters. Performance is measured by comparing the fatality rate during disasters.

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 suggested penalty for failing to meet deliverables or performance is denying future funding until corrective actions are implemented.

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



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