

**LFIR # 3057** 

1. Project Title	Marianna Fire a	nd Police Station Co	nstruction Project		
2. Senate Sponsor	Jay Trumbull				
3. Date of Request	2/27/2025				
4. Project/Program De	escription				
received funding from of the economy, cos	m USDA, Rural De it exceeds the fund	velopment, HMGP, ( s budgeted. This pro	ject replaces a fire ar	, and local funds co nd police station tha	Station. The City has ommitment. As a result at is nearly 80 years old. rianna First Responders.
5. State Agency to red	ceive requested fu	inds Departme	ent of Financial Service	ces	
State Agency conta	ncted? No				
6. Amount of the Noni	recurring Request	for Fiscal Year 202	25-2026		
Type of Funding			Amo	unt	
Operating				0	
Fixed Capital Outlay				995,000	
Total State Funds F	Requested			995,000	
7. Total Project Cost f	or Fiscal Year 202	5-2026 (including r	matching funds avai		ect)
Type of Funding			Amount	Percentage	
Total State Funds R	equested (from que	estion #6)	995,000	12%	
Matching Funds					
Federal			4,300,000	53%	
State (excluding the	amount of this req	uest)	2,750,000	34%	
Local			100,000	1%	
Other  Total Project Costs	for Fiscal Year 2	025-2026	8,145,000	0% <b>100%</b>	
Total Froject Costs	o ioi i iscai i cai 2	023-2020	0,143,000	100 /0	
8. Has this project pre If yes, provide the	•	•	Yes		
Fiscal Year	Am	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
>5 years		750,000	2236A	No	
9. Is future-year fundi	ing likely to be rec	uested?	No		
a. If yes, indicate n	onrecurring amou	ınt per year.			
b. Describe the sou	urce of funding the	at can be used in li	eu of state funding.		
		at can be acca			



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).	Status of Constru	uction					
a	a. What is the cur	rent phase of th	e project?				
	Planning	<ul><li>Design</li></ul>	Construction	O N/A			
k	o. Is the project "	shovel ready" (i.	e permitted)?		Yes		
C	c. What is the est	imated start date	e of construction?		07/01/25		
C	d. What is the est	imated completi	on date of construc	tion?	10/30/2026		
e	e. What funding s	stream will be us	ed for ongoing ope	rations a	nd maintenance of	the project?	
	City of Marianna	Revenues					
1.			receive, directly or s of the facility and			outlay fundin	g. Include the
	City of Marianna	l					

### 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/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	This new construction will replace the nearly 80 year old fire and police station with a new facility will be hardened providing an adequate and safe facility for the City of Marianna's First Responders. All funds will be used to construct the new Fire and Police Station.	995,000
Total State Funds Requested (m	ust equal total from question #6)	995,000

### 13. Program Performance

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

As a result of Hurricane Michael, the City of Marianna is constructing a new Fire and Police Station. City has received funding from USDA, Rural Development, HMGP, CDBG, Appropriation, and local funds commitment. As a result of the economy cost exceeds the funds budgeted. This project replaces a fire and police station that is nearly 80 years old. The new facility will be a hardened building providing adequate and safe facilities for the City of Marianna First Responders.

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



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The funds for this project will be to construct a new Public Safety facility, fire and police station. The activities and services will be to provide life safety services in the form of fire and police service protecting the citizens of Marianna as well as Jackson County and other areas where inter local agreements exist.

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

The activities and services will be to provide life safety services in the form of fire and police service protecting the citizens of Marianna as well as Jackson County and other areas where inter local agreements exist.

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

The target population is the citizens of Marianna population 6,200 along with Jackson County with a population excess of 48,000.

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 is for the City to have a modern facility from which to provide life safety services associated with fire and police. The current facility is nearly 80 years old, lacks functionality and and has reached the end of expected life. The new facility enhances and improves the City's community ascetics and appeal. A new facility improves the City's readiness and increases moral and retention of staff. The project will also provide measured improvements to the infrastructure within the RAO designated community.

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 contracting agency, City of Marianna, will establish a Critical Path with date specific targets for pre-development. Once bids are received and warded for the project, the contract will have specific contract completion dates; if not met, contractor will be subject to Liquidated Damages, assessed on a daily basis.

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 infastructure)   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#:   D. Provide the total project cost listed on the FEMA project worksheet:	14. Is t	his project related to mitigation, response, or recovery from a natural disaster? No
Response (addressing the immediate and short-term effects of a natural disaster)  Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)  b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):	a. If	Yes, what phase best describes the project?
□ Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)  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#:		Mitigation (reducing or eliminating potential loss of life or property)
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#:		Response (addressing the immediate and short-term effects of a natural disaster)
I5. 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#:		Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)
☐ Yes, Applied ☐ Yes, Received ☐ No ☐ No, but intends to apply  a. If yes, provide the FEMA project worksheet ID#:	b. N	ame of the natural disaster (or Executive Order # for events not under a federal declaration):
☐ Yes, Applied ☐ Yes, Received ☐ No ☐ No, but intends to apply  a. If yes, provide the FEMA project worksheet ID#:		
□ Yes, Received □ No □ No, but intends to apply  a. If yes, provide the FEMA project worksheet ID#:	15. Ha	s the entity applied for or received federal assistance for this project?
□ No □ No, but intends to apply  a. If yes, provide the FEMA project worksheet ID#:	<b>"</b>	Yes, Applied
□ No, but intends to apply  a. If yes, provide the FEMA project worksheet ID#:	<b>□</b> `	Yes, Received
a. If yes, provide the FEMA project worksheet ID#:	<b>-</b>	No
	<b>-</b> 1	No, but intends to apply
b. Provide the total project cost listed on the FEMA project worksheet:	a. If	yes, provide the FEMA project worksheet ID#:
b. Provide the total project cost listed on the FEMA project worksheet:		
	b. P	rovide the total project cost listed on the FEMA project worksheet:



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16. Has the entity app	lied for or receive	d state assistance f	or this projec	t (other tha	n this request)?	
☐ Yes, Applied						
☐ Yes, Received						
□ No						
☐ No, but intends to	o apply					
a. If yes, specify the Commerce):	e program and sta	ite agency (ex. Loca	I Governmen	t Emergenc	y Bridge Loan, Departmen	t of
Florida Commerce	, FDEM					
17. Requester Contact	Information					
a. First Name	William	Last Name	Long			
b. Organization	City of Marianna					
c. E-mail Address	wlong@mariannat	fl.city				
d. Phone Number	(850)718-1008	Ext.				
18. Recipient Contact						
a. Organization	City of Marianna			٦		
b. Municipality and	d County Jackson	າ				
c. Organization Ty	pe					
□For Profit Entity						
□Non Profit 501(c	c)(3)					
□Non Profit 501(c	:)(4)					
☑Local Entity						
□University or Co	llege					
□Other (please sp	pecify)					
d. First Name	William	Last Name	Long			
e. E-mail Address	wlong@mariannat	fl.city				
f. Phone Number	(850)718-1008	Ext.				
19. Lobbyist Contact I	nformation			-		
a. Name	Patrick E. Bell					
b. Firm Name	Capitol Solutions	LLC				
c. E-mail Address	pbell@capitolsolu	tions.biz				



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d. Phone Number	(850)544-0784

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