

1. Project Title

2. Senate Sponsor

The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

Hendry County Public Safety Station in LaBelle

Kathleen Passidomo

LFIR #3120

3.	Date of Request	3/5/2025								
4.	Project/Program De	escription								
	Hendry County (Cor EMS station. The cu building, public safet would exceed that or	unty) is requesting turent station was but crews cannot stated a new and improvious needed all as hurricane ever	uilt in 1991 and ge in the statior ed station. The and will allow fouts. As a rural co	is in need on during honew stati onew stati onew faster re ommunity	I of extensive re urricanes and the on will have the sponse times for	epairs. Due to the ag he cost to harden th capacity to house r or our constituents o	ge and condition of the e current structure not only EMS, but also during emergencies on			
5	5. State Agency to receive requested funds Department of Financial Services									
	State Agency conta	•	11 40 20pt		Timanolal Corvi					
6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026										
	Type of Funding				Amo	ount				
	Operating				0					
	Fixed Capital Outlay	ixed Capital Outlay				7,000,000				
	Total State Funds Requested				7,000,000					
7.	Total Project Cost f	or Fiscal Year 202	5-2026 (includ	ing matc	hing funds ava	ilable for this proj	ect)			
	Type of Funding			Α	mount	Percentage				
	Total State Funds R	equested (from que	stion #6)		7,000,000	100%				
	Matching Funds									
	Federal				0	0%	1			
					0	0%	1			
	Local				0	0%	1			
	Other				0	0%				
	Total Project Costs	for Fiscal Year 20	25-2026		7,000,000	100%				
8.	Has this project pre If yes, provide the I	•	_	No						
	Fiscal Year	Amo		Specific	Vetoed					
	(уууу-уу)	Recurring	Nonrecurrin	ig Ap	propriation #					
9.	Is future-year fundi	ng likely to be req	uested?	No						
a. If yes, indicate nonrecurring amount per year.										
	b. Describe the sou	urce of funding the	it can be used	in lieu o	state funding	_				
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Complete questions 10 and 11 for Fixed Capital Outlay Projects

a. What is the current phase of the project?								
b. Is the project "shovel ready" (i.e permitted)?	No							
c. What is the estimated start date of construction?								
d. What is the estimated completion date of construction?	12/1/2027							
e. What funding stream will be used for ongoing operations	and maintenance of the pro	ject?						
Hendry County general revenue fund allocated to public safety.								
. 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. Hendry 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/Majo	r Renovation:				
Construction/Renovation/Land/ Planning Engineering	Planning, design & engineering services, and construction	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?

Construction of a new public safety station in LaBelle.

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

Increased Fire, EMS, and Sheriff's deputy coverage while allowing emergency personnel to stage in their stations during a major storm event which is not possible at this time due to current facility not rated for storm events.



□ No

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

Construction of the station will provide faster emergency response times to residents and visitors on blue sky days as well as during a major storm event. d. Who is the target population served by this project? How many individuals are expected to be served? Hendry County has a population of approximately 40,000 residents. e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured? Faster emergency response times. This will be measured by showing when a call is placed to 9-1-1 and the time it takes for responders to get to the scene of the incident. 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? Revocation of state funding. 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 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#: 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, but intends to	o apply						
a. If yes, specify the Commerce):	e program and	state ager	ncy (ex. Loca	ıl Governmen	t Emergenc	y Bridge Lo	an, Depa
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7. Requester Contact	Information						
a. First Name	Jennifer		Last Name	Davis			
b. Organization	Hendry County						
c. E-mail Address	jdavis@hendryfla.net						
d. Phone Number	(863)675-5329)	Ext.				
8. Recipient Contact							
a. Organization	Hendry County						
b. Municipality and	d County Hen	dry					
c. Organization Ty	ре						
□For Profit Entity							
□Non Profit 501(c	c)(3)						
□Non Profit 501(d	:)(4)						
☑Local Entity							
□University or Co	llege						
□Other (please sp	pecify)						
d. First Name	Jennifer		Last Name	Davis			
e. E-mail Address	jdavis@hendry	/fla.net					
f. Phone Number	(863)675-5329)	Ext.				
9. Lobbyist Contact I	nformation						
a. Name	Jessica F. Love						
b. Firm Name	GrayRobinson PA						
c. E-mail Address	jessica.love@gray-robinson.com						
d. Phone Number	(850)577-9090)					

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