

LFIR # 3330

1. Project Title	Bonifay Fire-Res	cue Pumper Repl	lacement Project		
0.00	I. T II				
2. Senate Sponsor	Jay Trumbull				
3. Date of Request	3/11/2025				
4. Project/Program De	escription				
apparatus has serve identified replacing t pumper in our fleet. is what we consider firefighting apparatu	ed the City of Bonifay this apparatus as ou Due to our current s a great need. We had as to meet the deman	y (City) and surround the surround of the surround of the staffing level and control of the staffing. When the staffing of the	for the FY25/26. We cur call volume, the ability to We have the call volume	nd continues to do strently have one 1,0 or respond to multiple. We are in need of	so. We have collectively 000 gallon class A le calls simultaneously
5. State Agency to red	ceive requested fui	nds Departr	ment of Financial Service	es	
State Agency conta	acted? No				
6. Amount of the Non	recurring Request	for Fiscal Year 2	025-2026		
Type of Funding			Amou	unt	
Operating				490,573	
Fixed Capital Outlay	/			0	
Total State Funds I	Requested			490,573	
	. E: 1.V 0001				
7. Total Project Cost f	or Fiscal Year 2025	5-2026 (including	g matching funds avai	lable for this proje	ect)
Type of Funding	or Fiscal Year 2025	5-2026 (including	g matching funds avai	lable for this proje Percentage	ect)
Type of Funding Total State Funds R	equested (from que	,			ect)
Type of Funding Total State Funds R Matching Funds		,	Amount 490,573	Percentage 99%	ect)
Type of Funding Total State Funds R Matching Funds Federal	equested (from que	stion #6)	Amount 490,573	Percentage 99% 0%	ect)
Type of Funding Total State Funds R Matching Funds Federal State (excluding the		stion #6)	Amount 490,573	Percentage 99% 0% 0%	ect)
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local	equested (from que	stion #6)	Amount 490,573 0 0 4,956	Percentage 99% 0% 0% 1%	ect)
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	equested (from quested)	est)	Amount 490,573 0 0 4,956 0	Percentage 99% 0% 0% 1% 0%	ect)
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local	equested (from quested)	est)	Amount 490,573 0 0 4,956	Percentage 99% 0% 0% 1%	ect)
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	equested (from questamount of this requested for Fiscal Year 20 eviously received s	est) 25-2026 state funding?	Amount 490,573 0 0 4,956 0	Percentage 99% 0% 0% 1% 0%	ect)
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project professed year	equested (from questamount of this requested for Fiscal Year 20 eviously received s	est) 25-2026 state funding? ce:	Amount 490,573 0 0 4,956 0 495,529 No Specific	Percentage 99% 0% 0% 1% 0%	ect)
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pro If yes, provide the	equested (from quested amount of this requested for Fiscal Year 20 eviously received smost recent instan	est) 25-2026 state funding? ce:	Amount 490,573 0 0 4,956 0 495,529	99% 0% 0% 1% 0% 100%	ect)
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project professel yes, provide the Fiscal Year (yyyy-yy) 9. Is future-year funding a. If yes, indicate near the state of the sta	equested (from quested amount of this requested seriously received ser	est) 25-2026 state funding? ce: unt Nonrecurring uested? nt per year.	Amount 490,573 0 0 4,956 0 495,529 No Specific	99% 0% 0% 1% 0% 100%	ect)



LFIR # 3330

Complete questions 10 and 11 for Fixed Capital Outlay Projects

ruction irrent phase of t	he project?		
O Design	Construction	O N/A	
"shovel ready"	(i.e permitted)?		
stimated start da	te of construction?		
stimated comple	tion date of constru	ction?	
stream will be u	sed for ongoing ope	erations and mainter	nance of the project?
			d capital outlay funding. Include the
	Design "shovel ready" of the stimated start dates stimated complete stream will be used to the facility to the stream facility to the facility to the stream will be used to the facility to the stream will be used to the facility to the stream will be used to the facility to the stream will be used to the facility to the stream will be used to	Design Construction "shovel ready" (i.e permitted)? stimated start date of construction? stimated completion date of construction date of construction open stream will be used for ongoing open of the facility to receive, directly or	Design Construction N/A "shovel ready" (i.e permitted)?

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	Freightliner 2-Door Stock BX Pumper Side Control w/1250Gpm and 1000Gallon water	490,573
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	490,573

13. Program Performance

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

Funds being requested for this project will replace a 39-year-old fire engine. Bonifay Fire-Rescue's Pumper 1 is a 1986 GMC pumper. With any vehicle 39 years old, there are issues with this apparatus beyond the benefit of repairs. Our goal with this project is to replace this apparatus with a new pumper of similar specifications to better serve our community. We were recently denied a grant submitted to replace this apparatus with federal funding with the Assistance to Firefighters Grant.

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



LFIR # 3330

The purpose of these funds would directly affect the effectiveness and efficiency of how Bonifay Fire-Rescue responds to and mitigates emergencies in Bonifay Fire-Rescue's 94 square mile primary response district as well as assisting our neighboring mutual aid partners in the surrounding counties.

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

Direct services provided to the citizens by the funding requested are as follows: structural and wildland firefighting, emergency medical services, natural and/or man-made disasters, automobile accidents. This apparatus would greatly improve our ability to save lives and protect property.

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

The target population is the general population. Fire service is to protect the lives and property of everyone. Our response area protects 144 square miles, approximately 13,000 people.

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

Protecting the public from harm is our primary mission in the fire service. A new pumper will greatly enhance our ability to respond quickly and safely to fires, environmental emergencies, medical emergencies, and other critical incidents. Replacing a 39-year-old fire engine with significant mechanical deficiencies will improve transportation conditions for both firefighters and the community. A modern, safer vehicle will not only enhance response capabilities but also reduce repair and maintenance costs. These savings can be reallocated to essential needs like firefighter protective equipment and fire station improvements. The success of this project will be measured through key metrics, including improved response times, such as chute time and arrival on scene. We will also track the amount of time the apparatus spends out of service for repairs, aiming to maximize its availability for emergency calls. Additionally, we will monitor our repairs and maintenance budget.

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?

for failing to meet deliverables or performance measures provided for in the contract?	
We do not expect any penalties from the City of Bonifay.	_
4. 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):	
5. 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#:	



LFIR # 3330

	project c	ost listed on the	e FEMA proj	ect worksheet	:			
6. Has the entity app	lied for o	r received state	assistance t	for this projec	t (other th	an this re	quest)?	
☐ Yes, Applied								
☐ Yes, Received								
□ No								
☐ No, but intends to	o apply							
a. If yes, specify the Commerce):		n and state ager	ncy (ex. Loca	al Governmen	t Emergen	ncy Bridge	Loan, Depa	artme
. Requester Contact	Informat	ion						
a. First Name	Travis		Last Name	Cook				
b. Organization	Bonifay F	Fire Rescue						
c. E-mail Address	travis.cod	ok@cityofbonifay	v.com					
d. Phone Number	(050)226	0700						
u. Filone Number	(650)520	-8722	Ext.					
			Ext.					
. Recipient Contact	Informati	on	Ext.					
. Recipient Contact a. Organization	Informati Bonifay F	on Fire Rescue	Ext.					
. Recipient Contact a. Organization b. Municipality and	Information Bonifay Founty	on Fire Rescue	Ext.					
. Recipient Contact a. Organization b. Municipality and c. Organization Typ	Information Bonifay Founty	on Fire Rescue	Ext.					
. Recipient Contact a. Organization b. Municipality and c. Organization Type □For Profit Entity	Information Bonifay For the County Description of the County Description	on Fire Rescue	Ext.					
Recipient Contact a. Organization b. Municipality and c. Organization Typ □For Profit Entity □Non Profit 501(c	Information Bonifay For County pe (3)	on Fire Rescue	Ext.					
. Recipient Contact a. Organization b. Municipality and c. Organization Typ □For Profit Entity □Non Profit 501(c) □Non Profit 501(c)	Information Bonifay For County pe (3)	on Fire Rescue	Ext.					
Recipient Contact a. Organization b. Municipality and c. Organization Typ □For Profit Entity □Non Profit 501(c	Information Bonifay For County pe (3)	on Fire Rescue	Ext.					
. Recipient Contact a. Organization b. Municipality and c. Organization Typ □For Profit Entity □Non Profit 501(c) □Non Profit 501(c)	Information Bonifay For County pe (3) (3) (4)	on Fire Rescue	Ext.					
. Recipient Contact a. Organization b. Municipality and c. Organization Typ □For Profit Entity □Non Profit 501(do □Non Profit 501(do □Local Entity	Information Bonifay For County pe (3) (3) (4) (1)	on Fire Rescue	Ext.					
. Recipient Contact a. Organization b. Municipality and c. Organization Typ □For Profit Entity □Non Profit 501(d □Non Profit 501(d □Local Entity □University or Co	Information Bonifay For County pe (3) (3) (4) (1)	on Fire Rescue	Last Name	Cook				
. Recipient Contact a. Organization b. Municipality and c. Organization Typ □For Profit Entity □Non Profit 501(d □Non Profit 501(d □Local Entity □University or Co □Other (please sp	Information Bonifay For County pe (a) (3) (b) (4) Illege (b) (c) (c) (d) Travis	on Fire Rescue	Last Name	Cook				

Ethan Merchant

a. Name



LFIR # 3330

b. Firm Name	Liberty Partners of Tallahassee LLC	
c. E-mail Address	ethan@libertypartnersfl.com	
d. Phone Number	(850)699-0470	

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