



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3349

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

**4. Project/Program Description**

The District requested an appropriation to demolish and replace its 58-year old fire station and administrative headquarters (Station 27), which is in desperate need of major repairs (ADA compliance, fire alarm/sprinkler system installation, mold invasion, not hardened, etc.). The District received a 2024-2025 appropriation in an amount lower than requested and the District had to reconsider the future of this fire station. Recognizing increasing costs and lack of funding to build a new station, the District pivoted. The 2024-2025 funds will be used for ADA compliance, sprinkler and fire alarm. This Project is to harden the fire station, expand the second floor to provide for four firefighter bunk rooms and office, and redesign the third floor so there is sufficient office space for the District's administrative staff. Currently, the bunk rooms are on the third floor, which not only increases response time, but also requires the firefighters to use an unsafe and narrow staircase.

5. **State Agency to receive requested funds**
- State Agency contacted?**  No

**6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	3,000,000
<b>Total State Funds Requested</b>	<b>3,000,000</b>

**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)	3,000,000	75%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	1,000,000	25%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>4,000,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  Yes
- 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?**  No
- 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)?

No

c. What is the estimated start date of construction?

01/01/2026

d. What is the estimated completion date of construction?

12/31/2026

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

The District charges ad valorem millage and non-ad valorem assessments that will be used for operations and maintenance of the facility.

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.

The District charges ad valorem millage and non-ad valorem assessments that will be used for operations and maintenance of the facility.

### 12. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	The requested \$3,000,000 will be spent on construction associated with repairing and restoring the 58-year old fire station and administrative headquarters, including hardening and building new firefighter quarters.	3,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>3,000,000</b>

### 13. Program Performance

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



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The Pinellas Suncoast Fire and Rescue District (PSFRD) is in need of a repaired/restored fire and rescue station to securely house our firefighters and serve the needs of its citizens and visitors. The current facility is 58-years old and is in desperate need of major repairs (ADA compliance, fire alarm and sprinkler system installation, mold invasion, and not built to hurricane standards, etc.). The facility also serves as the District's administrative headquarters. A repaired/restored fire station will provide a healthy, safe and secure environment for which District personnel and the public benefit.

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

The activities include fire and life safety, education, prevention and training activities through open houses, course offerings and formal trainings. All of these activities would be available to community members as well as specialized education and training programs designed for the District staff and potential employees of the District. The current station is limited since it is not ADA compliance or meets current codes.

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

Examples of services being directly to citizens from Station 27 include: fire safety inspections, medical treatment, hazardous mitigation, enhanced marine rescue; fire suppression personnel and apparatus in response to a fire; enhanced education opportunities for residents of the community. In addition, Station 27 serves the public as administrative headquarters.

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

Our services will be provided to the Indian Rocks Beach, Indian Shores, Belleair Shore and Belleair Beach communities in Pinellas County. This population is greater than 800 persons.

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

The expected benefits are improvement in physical health; improvement in mental health; improvement in quality of education; protection of the general public from harm (environmental, criminal, etc.); and reduction of carcinogen exposure of all employees.

The repaired/restored fire station will be constructed to all meet current standards and recommendations by the National Fire Protection Association (NFPA). There is an NFPA standard for all the expected benefits of this project.

**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?**

If the District fails to restore the existing fire station, the District would repay the funds.

**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



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- 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

**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)



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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.*