



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3368

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Miccosukee Volunteer Fire Rescue seeks funding for a mini-pumper. Currently there are close to 4000 residents living off non-maintained roads in Leon county as well as 90% of 96.9sq mi. having no hydrants. These residents as well as many we help through mutual aid with surrounding counties during natural disasters have limited to no access with a standard fire engine. The goal of the mini-pumper is to allow a large pump (1250 gpm) to gain access and to relay water from the main road by tankers to allow protection of life and property by cutting down on response times without compromising output of resources.

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	450,000
Fixed Capital Outlay	0
Total State Funds Requested	450,000

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)	450,000	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	450,000	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	Purchase of a 2025 Fouts Four mini-pumper that carries 300 gallons of water, 30 gallons of foam, while using a 1250 gpm pump.	450,000
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)		450,000

13. Program Performance

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

To have an apparatus that can reach hard to get to or non accessible areas, homes, and residents by a standard engine. This will impact local citizens as well as surrounding counties.

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



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The mini-pumper will be able to not only gain access where standard fire engines cannot but also allow the same type of pump through a relay system to provide the water necessary to save life and property.

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

Fire and medical protection for a population of about 4,000 people in Leon county alone as well as more in surrounding counties that we provide mutual aid to during natural disasters/caqls for assistance.

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

The main target population that we directly serve is @7,271 citizens within 96.9 sq mi of Leon County. Many within the areas that require this apparatus have wood framed homes, are economically disadvantaged by lack of insurance or general income, and many also fall with in physical/mental disability category due to age range of the area.

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

Currently, we sit at a 3x ISO and about a 15 min response from beginning of many of the dirt roads to back of road. The goal will be increased ISO and access to areas currently not reachable by standard engine.

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?

Return of funding through agreement over time due to no traceable changes

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 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)?



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- 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)

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.