



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3376

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The request is to revert and reappropriate the request to replace the current 2004 E-1 model custom pumper front line firefighting apparatus with a Quint design 75-78 foot aerial ladder firefighting apparatus to meet National Fire Protection Association (NFPA) standards and also achieve compliance with Insurance Services Office (ISO) requirements. These standards stipulate that the City of Clewiston (City) response area currently meets the criteria which necessitates that an aerial ladder apparatus replace the current fire engine as soon as possible. A City commissioned third party independent study of fire services and financing alternatives included the need for this response capability upgrade that is also reflected in the City's capital improvements plan. The City's ISO agency standing for public and private property insurance rating purposes also identifies the need for this equipment enhancement to achieve and maintain an optimum rating.

5. State Agency to receive requested funds

State Agency contacted?  Yes

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

Type of Funding	Amount
Operating	1,400,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,400,000</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)	1,400,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,400,000</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	1,400,000	2489A	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)?

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
<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	Capital equipment item purchase of a Quint design 75-78 foot aerial ladder firefighting apparatus to replace the current front line 2004 E-1 model firefighting apparatus. The purchase of the proposed equipment upgrade ensures that the City fire department meets NFPA standards while also achieving compliance with ISO requirements which include a ladder apparatus equipment response capability.	1,400,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,400,000</b>

### 13. Program Performance

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



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

Clewiston's Fire and Rescue Department, as a publicly funded agency, provides professional emergency services to citizens, businesses and properties located within the Eastern Hendry County Fire Services District which includes the entire City limits. The proposed equipment upgrade ensures ongoing uninterrupted service as the current 2004 model fire engine is replaced with a ladder response capability.

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

Clewiston's Fire and Rescue Department provides emergency response to fires and other emergencies as first responders. The development of taller and larger facilities in the community over the years and planned for the future has cumulatively increased demand for services particularly the need for an aerial ladder response capability which is currently unavailable but necessary.

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

The emergency equipment upgrade will benefit the 20,000 plus population located within the Eastern Hendry County Fire Services District established by an interlocal agreement between the City of Clewiston and Hendry County government. Also benefited are the visitors to the area, businesses in the area and their respective employees.

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

The physical health & safety of all citizens and visitors to eastern Hendry County including the City will be better protected in the event of an emergency requiring first responder use of this proposed upgraded equipment. Emergency services by first responders and provided at occupied structures which can benefit from the use of an aerial response will be particularly beneficial. All emergency response incidents are properly documented describing relevant factors & the personnel and equipment deployed in the response effort. The physical health of both victims of the emergency & emergency responders is of utmost importance and easily tracked from required documentation.

**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?**

Subject to applicable state requirements, the City would be obligated to follow existing procurement guidelines and contracting document approvals which are designed to ensure contractor performance. State contracts provide for local government compliance in the use of public funds originating from the state. As the requested funding is a public investment in capital equipment and provided that the City uses the funds appropriately under state agency oversight, no penalties should be incurred.

**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?**



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- 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
- 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



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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

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