

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

LFIR # 3377

Fiscal Year (yyyy-yy)	eviously received st most recent instanc Amou Recurring	e: Int Nonrecurring ested?	Specific Appropriation #	Vetoed	
Total Project Costs 3. Has this project profit yes, provide the	eviously received st most recent instanc Amou	e:	Specific	Vetoed	
Total Project Costs 3. Has this project profit yes, provide the	eviously received st most recent instanc Amou	e:	Specific	Vetoed	
Total Project Costs 3. Has this project profit yes, provide the	eviously received st most recent instanc	e:		Vetoed	
Total Project Costs 3. Has this project pro	eviously received st	•	No		
	5 101 1 100ai 10ai <u>101</u>				
Other	s for Fiscal Year 202	5-2026	70,000	100%	
			0	0%	
Local			0	0%	
State (excluding the	amount of this reque	st)	0	0%	
Federal			0	0%	
Matching Funds		,	70,000	10070	
Type of Funding Total State Funds R	Requested (from ques	tion #6)	70,000	Percentage 100%	
. Total Project Cost f		2026 (including	matching funds avai	lable for this proje	ect)
Total State Funds				70,000	
Operating Fixed Capital Outlay				70,000	
Type of Funding			Amo	_	
. Amount of the Non	recurring Request to	n riscai tear 20		,	
State Agency conta		w Eigest Veer Of	225 2026		
5. State Agency to re	-	us Departm	nent of Financial Servic	ees	
for our fire fighters.	•		engine as well as an a	•	our breathing apparatu
4. Project/Program Domiccosukee Volunto	eer Fire Rescue is red	questing funding	which will provide a mu	uch needed upgrad	e of a station built in
3. Date of Request	3/13/2025				
2. Senate Sponsor	Corey Simon				
) Camata Cmamaan	Upgrades				
) Counto Curano		teer Fire Rescue	'	-	



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10. Status of Construction		
a. What is the current phase of the project?		
Planning		
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?	06/01/2026	
e. What funding stream will be used for ongoing operations	and maintenance of t	he project?
Leon County Stipend for VFDs.		
11. List the owners of the facility to receive, directly or indirect relationship between the owners of the facility and the enti		utlay funding. Include the
Miccosukee Volunteer Fire Rescue.		

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/Major	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Upgrade Fire Station to allow for current NFPA apparatus as well as air	70,000
	compressor for the safety of our firefighters	
Total State Funds Requested (m	ust equal total from question #6)	70,000

13. Program Performance

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

To expand the station to allow for exhaust ventilation to reduce possible carcinogens, able to hold a current NFPA fire apparatus, and add an air compressor for our breathing apparatus.

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

Provide a side room for safe storage of gear and firefighters out of the bay, to reduce exhaust and therefore carcinogens, and have an air compressor for our breathing air.

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



□ No

□ No, but intends to apply

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Health and safety of firefighters through safer apparatus and reduced carcinogens. d. Who is the target population served by this project? How many individuals are expected to be served? The firefighters serving the NE population of Leon county as well as surrounding counties during natural disasters/mutual e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured? Safer conditions through safer apparatus and reduced carcinogens. The project can be measured through updated air compressor from the current 3.2 cfm model as well as going from a one room bay to a multi-room bay that allows for the reduction in exhaust inhalation/transfer to gear. 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 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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a. If yes, specify th Commerce):	e progran	า and state ager	ncy (ex. Loca	al Governn	ment Eme	ergency
Requester Contac	t Informat	ion				
First Name	Brian		Last Name	Carroll		
o. Organization	Miccosul	kee Volunteer Fir	e Rescue			
c. E-mail Address	chickfil4@gmail.com					
d. Phone Number	(850)766	-4289	Ext.			
Recipient Contact	Informati	on				
a. Organization	Miccosul	kee Volunteer Fir	e Rescue			
. Municipality and	d County	Leon				
. Organization Ty	pe					
□For Profit Entity						
☑Non Profit 501(d	c)(3)					
□Non Profit 501(d	c)(4)					
□Local Entity						
□University or Co	llege					
□Other (please sp	pecify)					
d. First Name	Brian		Last Name	Carroll		
e. E-mail Address	miccosul	ceevfr@gmail.cor	m			
f. Phone Number	(850)766	-4289	Ext.			
obbyist Contact l	Informatio	on				
a. Name	None					
o. 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.