



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3393

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Town of Sneads (Town) requests the reversion and reappropriation of funds provided to the Town to purchase a new Pumper Tanker combination unit in the FY 24/25 budget. The Town has ordered the truck and it will not be delivered in time to expend the funds.

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	674,633
Fixed Capital Outlay	0
Total State Funds Requested	674,633

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)	674,633	95%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	35,508	5%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	710,141	100%

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	674,633	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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3393

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 new pumper/tanker fire truck.	674,633
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)		674,633

13. Program Performance

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

The goal of this funding is to provide fire coverage and other emergency response activities to the Town of Sneads (Town) and the surrounding area that Town services as needed.

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

This project will provide fire and rescue services to the Town.

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

Fire and EMS response will be provided to the Town's residents and businesses.

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3393

The Town of Sneads (Town), the residents immediately surrounding the Town that are not in the Town's limits but do receive fire services from the Town. Other localities in Jackson, Gadsden, and Liberty Counties that rely on the Town's services through mutual aid.

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

Decrease in property losses and/or fire casualties. A more reliable response to the Town and its surrounding areas that may receive services from the Town. Many of the smaller rural communities in this area rely on one another in the case of a large emergency as no one has the fire response capacity of a large location. With this truck the Town will be able to work more efficiently on critical emergencies and maintain a new standard of services in the Town. The newer apparatus would be measurable with decreased costs of maintaining older, less reliable apparatus, as well as the potential to handle larger emergencies with one team versus the potential of having to ask for assistance in the case of a large emergency .

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?

Since this is a tangible project being purchased and not a long-term project the Town will return the funds to the state of the firetruck is ultimately not purchased.

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
- 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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3393

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

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