



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3101

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The City of Fort Meaded requests funding for fire department safety equipment. The Fire Department was recently converted from all volunteer fire force to a hybrid part and full-time / volunteer fire force. With new personnel comes increased need for fire equipment for both the pumpers and the personnel. Specifically, the City seeks to purchase: 7 qty SCBA (Self Contained Breathing Apparatus) including bottles and masks; 32 qty Bunker Gear and Gloves; 20 qty Fire Hoses @ 5"; 8qty @ 1 3/4", 12qty @ 2 1/2 "; 6 qty Firefighting Appliance Nozzles, 6 qty adapters, 15 qty appliance mounts; and, 26 qty Life Scan Physicals.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	250,000
Fixed Capital Outlay	0
Total State Funds Requested	250,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	250,000	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 2024-2025	250,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future 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.

Local funding at much reduced levels of approximately \$30,000 per year.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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If yes, indicate the amount of funds received and what the funds were used for.

We have received a 5M Broadband Grant. Currently under Environmental Review.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. 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?

12. 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.

13. 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: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	All funding would be used solely for equipment purchase: 26 qty Life Scan Physicals. 7qty SCBA (Self Contained Breathing Apparatus) including bottles and masks; 32qty Bunker Gear and Gloves; 20qty Fire Hoses @ 5"; 8qty @ 1 3/4", 12qty @ 2 1/2 "; 6 qty Firefighting Appliance Nozzles, 6 qty adapters, 15 qty appliance mounts;	250,000
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)		250,000

14. Program Performance

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



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Provide necessary fire safety suppression equipment for first responders/ fire fighters.

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

Fire personnel would have standardized equipment that meet safety regulations. In addition, confidence in equipment to perform their rescue jobs in a safe and protective environment.

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

Fire rescue to the City of Fort Meade residents, businesses and passersby with necessary equipment to perform fire services/ rescue and first responder services.

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

The City of Fort Meade has a population of 5200 residents. In an emergency- all are expected to be served at some time.

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

Having suitable equipment provides fire rescue personnel the confidence to perform their job. Outcome will be measured in lives saved.

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 the contract?

Non payment of invoices.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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) municipality

d. First Name **Last Name**



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e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number