July 1, 2025

## SENT VIA ELECTRONIC MAIL ONLY

City of Bonifay sierra.smith@cityofbonifay.com

Re: Notice of Grant Award for Bonifay-Fire Rescue Pumper Replacement Project

City of Bonifay:

As the Director of the Division of State Fire Marshal within the Florida Department of Financial Services (Division), it is my privilege to inform you that the 2025 Florida Legislature appropriated funds to support your requested equipment purchase.

This correspondence serves as the notice of the grant award in the amount of \$490,573.00. These grant award funds may be available for distribution to you as early as July 1, 2025, once the appropriate requirements are met.

First, you must complete and email the included Confirmation Form to **SFMGrant@MyFloridaCFO.com**. Once the Division receives the completed form, an assigned contract manager will schedule an initial meeting with the Point of Contact listed in the Confirmation Form to discuss the scope of the project and next steps. The assigned contract manager will be the main point of contact within the Division for all matters relating to this notice of grant award, the grant award funds agreement, and the reimbursement of funds.

Please note, the defined performance period for the grant is one (1) year starting July 1, 2025, and ending June 30, 2026. If your equipment purchase will take longer than one (1) year to complete and meet reimbursement requirements, you must notify your assigned contract manager as soon as possible. Additionally, if you do not meet the one (1) year requirement, you may need to resubmit your Local Initiative Funding Request Form or Appropriations Project Request Form to the appropriate local parties.

Congratulations, I look forward to working with City of Bonifay on this important project.

Sincerely,

JoAnne E. Rice, Director

Division of State Fire Marshal

LT/ct

## **CONFIRMATION FORM**

## **Contact Information**

Grantee:	City of Bonifay
	(The Grantee name MUST be the name registered with the Department of State and MyFloridaMarketplace, commonly known as MFMP)
Federal ID # (FEIN):	,
Mailing Address:	
City, State, Zip:	
Physical Address:	
City, State, Zip:	
	Financial Administrator
Name:	
Title:	
Phone:	
Email:	
	Contract Manager
Name:	
Title:	
Phone:	
Email:	
All email and phone of	communications will be directed to the Point of Contact (POC). Please list POC here:
Name:	
Title:	
Phone:	
Email:	