



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2356

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

On August 28, 2023, a Broward Sheriff's Office Air Rescue Helicopter crashed, killing Broward Sheriff Fire Rescue Battalion Chief Terryson Jackson and one civilian on the ground. The funding requested will allow for a new Airbus frame to be kitted out for air rescue purposes allowing BSO to continue its mission to provide the highest and best public safety services to the residents and visitors to Broward County and provide for air rescue to surrounding counties as requested.

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	1,065,328
Fixed Capital Outlay	0
Total State Funds Requested	1,065,328

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)	1,065,328	7%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	14,971,500	93%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	16,036,828	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.

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

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



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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	Build out of the interior to accommodate medical air rescue including the purchase and installation of all necessary electronics, equipment retainers, provisions cabinets, lights, special swiveling/tracking seats, floor protection, fluid barrier for instruments, specialty platforms for trolley and stretchers, Infusion Pump and consoles.	1,065,328
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)		1,065,328

14. Program Performance

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

The helicopter will provide emergency air response for a variety of medical calls that require quick transport to trauma 1 hospitals. This includes victims of car accidents, shootings, heart attacks and any variety of emergency medical situations. The helicopter will be staffed with firefighter paramedics. The appropriation allows for the medical build out necessary to provide the best care.

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



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.BSO is the only entity in Broward County to provide air medical rescue services. The helicopter will provide emergency air response for a variety of medical calls that require quick transport to trauma 1 hospitals. This includes victims of car accidents, shootings, heart attacks and any variety of emergency medical situations. The helicopter will be staffed with firefighter paramedics. Medical air evacuation and transport will be available during mass casualty events and large scale emergencies throughout the region.

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

The helicopter will provide emergency air response for a variety of medical calls that require quick transport to trauma 1 hospitals. This includes victims of car accidents, shootings, heart attacks, and any variety of emergency medical situations. The helicopter will be staffed with firefighter paramedics. The appropriation allows for the medical build out necessary to provide the best care.

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

The project will serve the almost 2 million residents and 14 million annual visitors to Broward County.

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

Benefit or outcome of this project: The helicopter will provide emergency air response for a variety of medical calls that require quick transport to trauma 1 hospitals. This includes victims of car accidents, shootings, heart attacks and any variety of emergency medical situations. The helicopter will be staffed with firefighter paramedics to triage and provide emergency care during transport.
 Methodology by which this outcome will be measured: Real-Life Application. Measure and compare the response times and outcomes of emergency calls for service.

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?

Standard penalties for failing to meet deliverables or performance measures.

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



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Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number