

LFIR # 1597

1. Project Title	Coconut Creek Fire Equipment Replacement

2. Senate Sponsor Tina Polsky

**3. Date of Request** 02/02/2023

#### 4. Project/Program Description

Purchase of a fire engine for the City of Coconut Creek to respond to fire/EMS emergency calls, as well as natural and man-made disasters.

#### 5. State Agency to receive requested funds

Department of Financial Services

State Agency contacted? No

#### 6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount	
Operations	600,000	
Fixed Capital Outlay	0	
Total State Funds Requested	600,000	

#### 7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	600,000	49%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	620,000	51%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	1,220,000	100%

#### 8. Has this project previously received state funding?

Fiscal Year	Amount		Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	

#### 9. Is future funding likely to be requested?

No

No

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?

Yes

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



LFIR # 1597

The City of Coconut Creek was awarded \$12.9 million in COVID-19 relief funding, which was used to offset costs incurred to respond to and mitigate the effects of the pandemic, including: PPE; cleaning supplies/services; food distributions; small business emergency relief grants and technical assistance; public education/communication; rental/mortgage assistance, mental health programming, job training opportunities; telecommuting expenses; enforcement of executive orders, local orders, CDC guidelines.

### **Complete questions 11 and 12 for Fixed Capital Outlay Projects**

- **11. Status of Construction** 
  - a. What is the current phase of the project?
    - OPlanning ODesign OConstruction
  - 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	Purchase of fire engine.	600,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	600.000

#### 14. Program Performance

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



The fire engine will respond to emergency calls to include medical, fires, car accidents, masscasualty incidents and natural and man-made disasters. It will respond to automatic and mutual aid to other cities in Broward County and be part of the Statewide Emergency Response Plan (SERP), when called upon. It will allow personnel to get to emergencies in a more expedited manner thus enabling us to transport patients to trauma and stroke centers, ultimately improving Return of Spontaneous Circulation (ROSC).

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

We will provide a safer and more reliable resource to respond to all emergency calls to reduce loss of life as a result of a medical/fire emergency. Fire Rescue.will get ot incidents quicker and reduced response times with a reliable resource.

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

Improve patient care outcomes from weather and hazardous material/man-made material events (i.e., active shooter events).

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

All members of the public to include the elderly, those with poor physical and mental health, jobless and economically disadvantaged, physically disabled, students, victims of crime as well as those who commit crimes. The population of Coconut Creek is 62,000 residents.

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

To improve patient care outcomes following rescue and transport to Hospitals - to be measured by improved response times, reduced on scene time and ROSC time. Also will be measured with our existing quality improvement plan that currently reviews daily patient outcomes and benchmark times.

# 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?

Failure to meet deliverables or performance measures could result in forfeiture of funds.

#### **15. Requester Contact Information**

-			
a. First Name	Bernadette	Last Name	Hughes
b. Organization	City of Coconut Creek		
c. E-mail Address	bhughes@coconutcreek.r	net	
d. Phone Number	(954)956-1520	Ext.	
16. Recipient Contact Information			
a. Organization	City of Coconut Creek		
b. Municipality and County Broward			

#### c. Organization Type

□For Profit Entity

□Non Profit 501(c)(3)

□Non Profit 501(c)(4)

☑ Local Entity



LFIR # 1597

#### □University or College

Other (please specify)

d. First Name	Brian	Last Name	Blizzard
e. E-mail Address	bblizzard@coconutcreek.	net	
f. Phone Number	(954)973-6706		

#### **17. Lobbyist Contact Information**

a. Name	Lauren A. Jackson	
b. Firm Name	Ericks Consultants Inc	
c. E-mail Address	lauren.andyj@gmail.com	
d. Phone Number	(931)265-8999	