



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** West Broward Regional Emergency Operations Center

2. **Senate Sponsor:** Lauren Book

3. **Date of Submission:** 12/01/2017

4. **Project/Program Description:**

To construct the first West Broward Regional Emergency Operations Center to house regional police and fire services during emergencies. The Town encourages all requests for space from any State agency desirous of establishing a presence in southwestern Broward County.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?  
Executive Office of the Governor

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	5,000,000	5,000,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	400,000	7.4%
Other	0	0.0%
TOTAL	400,000	7.4 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 5,400,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>		<b>300,000</b>	<b>300,000</b>

**10. Is future-year funding likely to be requested?**

No

**11. Program Performance:**

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

Southwest Broward County has no hardened facilities to provide emergency police, fire, and EMS services that are rated to withstand the impact and effects of a major hurricane or flooding. The construction of the West Broward Regional Emergency Operations Center will provide additional response to all of South Florida in the aftermath of a disaster. It will serve as a regional distribution center for water, tarps, and other essential items after a disaster. The Center will protect the Town of Southwest Ranches and our mutual aid partners. This will also house the Town's large animal rescue unit, which is the only one of its kind in Broward County and serves all of South Florida.

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

Construction of this West Broward Regional Emergency Operations Center will provide approximately 70 contract jobs in South Florida including, but not limited to, architects, engineers, surveyors, density inspectors, construction inspectors, electricians, plumbers, and construction laborers.

**c. How will the funds be expended?**

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	To construct the first West Broward Regional Emergency Operations Center to house regional police and fire services during emergencies.	5,000,000
TOTAL		5,000,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

Hurricanes Irma, Katrina and Wilma caused significant damage to our area. The nearest EOC is several miles away and not within the Town’s boundaries. The EOC will be capable of surviving damage from hurricane, tornado, and flooding; capable of protecting against chemical and biological agents; and capable of being secured for the duration of a crisis. The current system of providing fire and EMS services from modular trailers is not sufficient to meet the public safety needs of the Town’s residents.

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

The West Broward Regional Emergency Operations Center will house regional police and fire services during emergencies, which will serve all of western Broward County.

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

Our goal is to save lives and reduce property damage in ways that are cost-effective and environmentally sound. The Town realizes that communities that cannot rely on their own critical infrastructure and services are extremely vulnerable to disasters. Incorporating mitigation measures in the design of the West Broward Regional Emergency Operations Center is crucial for minimizing the disruption of our critical operations, enhancing our resistance to damage and our ability to function without interruption during and in the aftermath of hazard events.

**g. 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?**

De-obligation of funding



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**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

Town of Southwest Ranches

**13. Requestor Contact Information:**

- a. **Name:** Andrew Berns
- b. **Organization:** Town of Southwest Ranches
- c. **Email:** aberns@swranches.org
- d. **Phone Number:** (954)434-0008

**14. Recipient Contact Information:**

- a. **Organization:** Town of Southwest Ranches
- b. **County:** Broward
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify)
- d. **Contact Name:** Emily Aceti
- e. **E-mail Address:** eaceti@swranches.org
- f. **Phone Number:** (954)343-7453

**15. If there is a registered lobbyist, fill out the lobbyist information below.**

- a. **Name:** Nelson Diaz
- b. **Firm:** Southern Strategy Group
- c. **Email:** diaz@sostrategy.com
- d. **Phone Number:** (305)421-6304