

1. Project Title

The Florida Senate Local Funding Initiative Request Fiscal Year 2021-2022

LFIR # 1695

2.	Senate Sponsor	Perry Thurston											
3.	Date of Request	02/08/2021											
4.	Project/Program Do	escription											
	The City of North Lauderdale is in the development stages of constructing a Fire Training Center for the fire department as well as neighboring city fire & rescue departments within Broward County. In FY 2021, the City of North Lauderdale was graciously appropriated State funding in the amount of \$125,000 to assist in the purchase of the training tower. Escalating costs for the project due to unforeseen, but required, changes in the design and construction related to Florida Building Code/Zoning requirements has resulted in \$600,000 of additional cost to properly fund the remainder of the project. As experienced by all entities, the Fire/Rescue Department is also anticipating budgetary shortfalls due to the current and future impact of the COVID Pandemic.												
5.	State Agency to re	ceive requested fu	nds De	epartmer	nt of Financial Servic	es							
	State Agency conta	acted? No											
6.	Amount of the Non	recurring Request	for Fiscal	Year 202	21-2022								
	Type of Funding				Amo	ount							
	Operations					0							
	Fixed Capital Outlay				300,000								
	Total State Funds	Requested				300,000							
7. ⁻	Total Project Cost f	or Fiscal Year 2021	I-2022 (inc	ludina n	natching funds ava	ilable for this proje	act)						
			(naanig ii	natorning rands ava								
	Type of Funding			nading in	Amount	Percentage							
	Total State Funds R	equested (from que	· ·			• •							
	Total State Funds R Matching Funds		· ·		Amount 300,000	Percentage 50%							
	Total State Funds R Matching Funds Federal	equested (from que	stion #6)		Amount 300,000	Percentage 50%							
	Total State Funds R Matching Funds Federal State (excluding the		stion #6)		Amount 300,000	Percentage 50% 0% 0%							
	Total State Funds R Matching Funds Federal State (excluding the Local	equested (from que	stion #6)		Amount 300,000 0 0 300,000	Percentage 50% 0% 0% 50%							
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	Total State Funds R Matching Funds Federal State (excluding the Local	equested (from que amount of this requ	est)		Amount 300,000 0 0 300,000	Percentage 50% 0% 0% 50%							
	Total State Funds R Matching Funds Federal State (excluding the Local Other	equested (from que amount of this requ	est)		Amount 300,000 0 0 300,000 0	Percentage 50% 0% 0% 50% 0%							
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8.	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro Fiscal Year (уууу-уу)	equested (from que amount of this request s for Fiscal Year 20 eviously received s Amo Recurring	est) 21-2022 state fundi	ng? urring 125,000	Amount 300,000 0 0 300,000 0 600,000 Yes	Percentage 50% 0% 0% 50% 100%							
8.	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro Fiscal Year (yyyy-yy) 2020-21 Is future funding lile	equested (from que amount of this requested serviously received services services and services service	est) 21-2022 state funding unt Nonrecu	ng? urring 125,000	Amount 300,000 0 300,000 0 300,000 Yes Specific Appropriation #	Percentage 50% 0% 0% 50% 100%							
8.	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro Fiscal Year (yyyy-yy) 2020-21 Is future funding lil a. If yes, indicate n	equested (from que e amount of this requested services for Fiscal Year 20 evicusly received services Amo Recurring 0	est) 21-2022 State funding Unit Nonrecu	ng? urring 125,000	Amount	Percentage 50% 0% 0% 50% 100% Vetoed No							
8.	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro Fiscal Year (уууу-уу) 2020-21 Is future funding lil a. If yes, indicate n b. Describe the sor	equested (from quested amount of this requested seriously received ser	est) 21-2022 State funding Nonrecu d? nt per year t can be us	ng? urring 125,000	Amount	Percentage 50% 0% 0% 50% 100% Vetoed No							

North Lauderdale Fire/Rescue Training Center

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



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Yes

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

CARES Act funding passed through Broward County to offset unbudgeted cost of PPE and personnel expenses to combat / respond to the Covid-19 pandemic along with residential and business assistance.

11. 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		0					
Consultants/Contracted Services/Study		0					
Fixed Capital Construction/Majo	r Renovation:						
Construction/Renovation/Land/ Planning Engineering	The development and foundation preparation of the training tower, the construction of the training tower, the ground piping and installation of a fire hydrant for the training tower, roadway development for emergency apparatus access, security fencing as well as construction changes of the tower required by the Florida Building Code and site improvements.	300,000					
Total State Funds Requested (must equal total from question #6)							

12. Program Performance

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

This training facility will satisfy the requirements of the FS 69A-37.060 and, Insurance Services Organization (ISO) as an Approved Firefighter Recruit Training Facility. Having a facility that meets these requirements allows the city and surrounding jurisdictions the ability to provide Fire & Emergency Medical training that will improve upon and/or maintain current ISO rating schedules for Fire Suppression & Public Protection. In addition, this will provide training to First Responders and Community CERT teams who can assist in the response to the COVID crisis and other tasks. Lastly, this facility will provide the ability for the city's Fire Explorer youths to train and career track to one day certify to a Florida Level 1 & 2 firefighter certification.

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

Training for all area first responders as it relates to fire/rescue operations. Training will be consistent with all National Standards and will provide a location for surrounding emergency response agencies within Broward to train and work together. This facility will provide training to First Responders and Community CERT teams who can assist in the response to the COVID crisis and other tasks. Lastly, this facility will provide the ability for the city's Fire Explorer youths to train and career track to one day certify to a Florida Level 1 and 2 firefighter certification.

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



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The City will be home to a state of the art training facility enabling firefighters to learn new skills and hone their abilities to provide the best possible medical and emergency fire service to the citizens of North Lauderdale. The City's ISO rating will be increased, thereby, enabling the City's property owners to benefit from reduced homeowner's insurance costs. Lastly, by providing a local, accessible training facility for the City's firefighters, their skills can be passed on to residents that can assist in the preparation and recovery of natural disaster and programs such as stop the bleed, CPR first aid, and COVID related response and medical services. This facility will enable the City to recruit and train new and future personnel.

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

A better trained fire/rescue department will benefit not only all the residents of North Lauderdale, but all individuals who pass through as well as all those who utilize local business, parks and other establishments. Additionally, neighboring Fire Departments will be able to train at this facility and that will benefit their communities as well.

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

Better trained first responders in both fire and medical emergencies, such as Covid response, and the potential for a better insurance ISO rating. Progress will be measured by comparing the amount of training sessions held per employee year to year as well as at the next ISO rating. In addition, a successful Fire Explorer youth program as well as CERT team program will be a great accomplishment and benefit for the community and surrounding communities.

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?

We do not feel there will be any negative issues associated with this project and all expectations will be met 100%.

13. 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.

The owner of the facility is the City of North Lauderdale, so benefits are directly to the City and its residents, business owners, etc.



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14. Requestor Contact Information									
a. First Name	Rodney		Last Name	Turpel					
b. Organization	City of No	orth Lauderdale							
c. E-mail Address	rturpel@r								
d. Phone Number	(954)597-4762		Ext.						
15. Recipient Contact Information									
a. Organization	City of No	City of North Lauderdale							
b. Municipality and County Broward									
c. Organization Type									
□For Profit Entity	□For Profit Entity								
□Non Profit 501(c	□Non Profit 501(c)(3)								
□Non Profit 501(c	□Non Profit 501(c)(4)								
☑Local Entity									
□University or Co	□University or College								
□Other (please sp	□Other (please specify)								
d. First Name	Ambreen		Last Name	Bhatty					
e. E-mail Address	abhatty@								
f. Phone Number	(954)722-0900								
16. Lobbyist Contact Information									
a. Name Yolanda Cash Jackson									
b. Firm Name	Becker & Poliakoff								
d. Phone Number	(305)431-2976								