

No

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 1672

1. Project Title	Lauderdale Lake	s Fire Station Wa	alk-in Triage Phase		
2. Senate Sponsor	Rosalind Osgood	I			
3. Date of Request	11/20/2023				
4. Project/Program De	escription				
Fire Station (FS #37) in the last 10 years a demand. This reques) that provides eme and will continue to i st is for the addition	rgency response increase. The exi of a walk-in triac	square miles with approsite to the residents. The disting station is in the place section within the new positoring) to residents a	City's population ha anning phase to be v Fire Station #37 i	is drastically increased upgraded to meet the n order to provide
5. State Agency to rec	ceive requested fu	nds Depart	ment of Financial Servi	ces	
State Agency conta	cted? No	•			
6. Amount of the Nonr	recurring Peguest	for Eisaal Vaar (2024-2025		
	ecurring Request	IOI FISCAI TEAL			1
Type of Funding			Amo	_	
Operations				200,000	
Fixed Capital Outlay Total State Funds F				389,000 389,000	1
7. Total Project Cost for Type of Funding		(Amount	Percentage]
Total State Funds Re	equested (from que	stion #6)	389,000	50%	
Matching Funds			Т		
Federal			0	0%	†
State (excluding the	amount of this requ	lest)	389,000	50%	1
Local			0	0%	†
Other			0	0%	
Total Project Costs	for Fiscal Year 20	24-2025	778,000	100%	
8. Has this project pre	eviously received s	state funding?	No		
Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
9. Is future funding lik		.do	No		
or to ration or raining in	cely to be requeste	eu r	140		-
a. If yes, indicate no			110		
a. If yes, indicate no	onrecurring amou	nt per year.	n lieu of state funding.		
a. If yes, indicate no	onrecurring amou	nt per year.]



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

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Complete que	stions 11 a	nd 12 for Fixed Capi	tal Outlay Pro	ojects
11. Status of Const a. What is the cu		he project?		
Planning	O Design	⊙ Construction		
b. Is the project	"shovel ready"	(i.e permitted)?	Yes	
c. What is the estimated start date of construction?			03/30/2023	
d. What is the estimated completion date of construction?			06/30/2026	
12. List the owners	of the facility t	o receive, directly or indirec	tlv. anv fixed capita	al outlay funding. Include the

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		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Planning, Design and Contruction	389,000
Total State Funds Requested (m	ust equal total from question #6)	389,000

14. Program Performance

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



☑Local Entity

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	significantly reduce access whereby en eliminates the nee specialized care. T condition, Having	e emergency call time in se mergency responders can d to transport residents and he triage center can be sta specialized personnel on-si re needed. A walk-in triage	everal ways. I quickly asses d/or visitors to affed with trail ite ensures tir	The walk-in triage center wiss individuals requiring well or distant medical facilities. In the professionals who can mely and accurate evaluations.	ve the community while also ill provide centralized and dedicated ness checks. This access would The walk-in triage will also allow for efficiently assess an individual's ons, leading to quicker decisions on local emergency room(s) while also	
	b. What activities and services will be provided to meet the intended purpose of these funds?					
	The City of Laude	rdale Lakes would provide	a triage cent	er within the Fire station.		
	c. What direct services will be provided to citizens by the appropriation project?					
	Emergency responders will quickly assess individuals requiring wellness checks at the triage center by having a dedicated staff and facility in the community. This eliminates the need to transport residents and/or visitors to distant medical facilities, reducing travel time.					
	d. Who is the targ	et population served by t	his project?	How many individuals a	re expected to be served?	
	All 36,000 residen	ts and visitors of the City.				
	e. What is the exp be measured?	ected benefit or outcome	of this proj	ect? What is the methodo	ology by which this outcome will	
	The benefit of this project is centralized access, specialized care, cut down of emergency response and community outreach. Broward Sheriff's Office (BSO) stats will help us measure the performance and outcome.					
	f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties					
		•		es provided for the contr	<u> </u>	
	Funding will not be	e provided if contractual de	liverables or	performances are not met.		
15	Requester Contact	Information				
	a. First Name	Julie	Last Name	Fishman		
	b. Organization Office of Senator Osgood					
	c. E-mail Address fishman.julie@flsenate.gov					
	d. Phone Number	-	Ext.]	
16.	Recipient Contact	Information				
	a. Organization	City of Lauderdale Lakes				
	b. Municipality and	d County Broward				
	c. Organization Ty	pe				
	□For Profit Entity					
	·) (a)				
	LINON PIONE SUTT	c)(3)				
	□Non Profit 501(c					



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□University or Co	□University or College					
□Other (please sp	□Other (please specify)					
d. First Name	Peggy	Last Name	Castano			
e. E-mail Address	Peggyc@lauderdalelakes.org					
f. Phone Number	(954)535-2717					
17. Lobbyist Contact Information						
a. Name	LaToya Sheals					
b. Firm Name	Becker & Poliakoff PA					
c. E-mail Address	Lsheals@beckerlawyers.com					
d. Phone Number	(954)364-6094					