# The Florida Senate 

## Fiscal Year 2024-2025

## 1. Project Title

Emergency Management Box Truck - Miami-Dade County
2. Senate Sponsor

Ana Maria Rodriguez
3. Date of Request

12/06/2023

## 4. Project/Program Description

DEM, currently does not possess the capability of distributing disaster-related supplies to its residents, partners, and other county departments. The addition of a box truck would increase DEM's logistics capabilities to deliver essential supplies, equipment, food, beverages, medications, etc. DEM is respectfully seeking appropriations for the purchase of a 26 -foot Box Truck to be utilized for the distribution of disaster-related supplies and equipment.
5. State Agency to receive requested funds

Division of Emergency Management
State Agency contacted?
Yes
6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

| Type of Funding | Amount |  |
| :--- | ---: | ---: |
| Operations | 90,000 |  |
| Fixed Capital Outlay | 0 |  |
| Total State Funds Requested |  | $\mathbf{9 0 , 0 0 0}$ |

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) | 90,000 | $50 \%$ |
| Matching Funds | 0 |  |
| Federal | $0 \%$ |  |
| State (excluding the amount of this request) | 0 | $0 \%$ |
| Local | 90,000 | $50 \%$ |
| Other | 0 | $0 \%$ |
| Total Project Costs for Fiscal Year 2024-2025 | $\mathbf{1 8 0 , 0 0 0}$ | $\mathbf{1 0 0 \%}$ |

8. Has this project previously received state funding? No

| Fiscal Year <br> (yyyy-yy) | Amount |  | Specific <br> Appropriation \# | Vetoed |
| :---: | :---: | :---: | :---: | :---: |
|  | Recurring | Nonrecurring |  |  |

9. Is future funding likely to be requested?

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.

Miami-Dade County received $\$ 2,608,188,975.73$ to provide financial aid to, among others, small businesses, veterans, senior meals, restaurants, hotel workers, first responders, landlords, lowincome tenants, nonprofits, and day care centers; county services and also direct distributions to Miami-Dade municipalities.

## 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
O/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 | Funds will be utilized to purchase and appropriately outfit a 26 ' box truck to be utilized for the distribution of disaster response supplies and equipment. | 90,000 |
| 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) |  | 90,000 |

## 14. Program Performance

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

Miami-Dade County Emergency management will have the capacity to independently deliver disaster response supplies to points of distribution, municipalities and health care facilities in need.
b. What activities and services will be provided to meet the intended purpose of these funds?

## LFIR \# 1819

Delivery of disaster response supplies and equipment.
c. What direct services will be provided to citizens by the appropriation project?

Distribution of needed disaster supplies that are coordinated by emergency management
d. Who is the target population served by this project? How many individuals are expected to be served?

The residents, business owners and visitors of Miami-Dade County.
e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Provide timely delivery and distribution of emergency supplies and equipment.
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 will result in nonpayment.
15. Requester Contact Information

16. Recipient Contact Information
a. Organization Miami-Dade County
b. Municipality and County Miami-Dade
c. Organization Type
$\square$ For Profit Entity
$\square$ Non Profit 501 (c)(3)

- Non Profit 501(c)(4)
-Local Entity
-University or College
-Other (please specify)



## 17. Lobbyist Contact Information

a. Name

Jess M. McCarty

Fiscal Year 2024-2025
b. Firm Name
c. E-mail Address jmm2@miamidade.gov
d. Phone Number (305)979-7110

