

1. Project Title

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

Emergency Management Box Truck - Miami-Dade County

LFIR # 1819

2. Senate Sponsor	Ana Maria Rodriguez				
3. Date of Request	12/06/2023				
I. Project/Program D	escription				
county departments equipment, food, be	s not possess the capability of . The addition of a box truck w verages, medications, etc. DE for the distribution of disaster-r	ould incre M is resp	ease DEM's logistics ectfully seeking appr	capabilities to delive opriations for the pu	er essential supplies,
5. State Agency to re	ceive requested funds	Division of	of Emergency Manag	ement	
State Agency conta	acted? Yes				
. Amount of the Non	recurring Request for Fiscal	Year 202	24-2025		
Type of Funding			Amo	ount	
Operations				90,000	
Fixed Capital Outlay				0	
Total State Funds	Requested			90,000	
. Total Project Cost f	or Fiscal Year 2024-2025 (in	cluding ı	matching funds ava	ilable for this proje	ct)
Type of Funding			Amount	Percentage	
Total State Funds R	equested (from question #6)		90,000	50%	
Matching Funds					
Federal			0	0%	
State (excluding the amount of this request)			0	0%	
Local			90,000	50%	
Other			0	0%	
<b>Total Project Costs</b>	s for Fiscal Year 2024-2025		180,000	100%	
3. Has this project pr	eviously received state fund	ing?	No		
Fiscal Year Amount			Specific	Vetoed	
(уууу-уу)	Recurring Nonrec	urring	Appropriation #		
		_			
. Is tuture tunding iii	kely to be requested?		No		
a. If yes, indicate n	onrecurring amount per yea	ır.			
b. Describe the so	urce of funding that can be ι	used in li	eu of state funding.		
0. Has the entity req	uesting this project received	d any fed	leral assistance rela	ated to the COVID-1	9 pandemic?
Yes	-	•			
169					

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



11. Status of Construction

Planning

Services/Study

Planning Engineering

14. Program Performance

Construction/Renovation/Land/

a. What is the current phase of the project?

Design

b. Is the project "shovel ready" (i.e permitted)?

Fixed Capital Construction/Major Renovation:

Total State Funds Requested (must equal total from guestion #6)

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

to points of distribution, municipalities and health care facilities in need.

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

**LFIR # 1819** 

90,000

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, low-income 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

Construction

c. What is the estimated start da	te of construction?	
d. What is the estimated comple	tion date of construction?	
12. List the owners of the facility to relationship between the owne	o receive, directly or indirectly, any fixed capital outlay funding. Incrs of the facility and the entity.	lude the
13. Details on how the requested st		
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
<b>Operational Costs: Other</b>		
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
Concultante/Contracted		_

N/A

No

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

Miami-Dade County Emergency management will have the capacity to independently deliver disaster response supplies



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LFIR # 1819

Delivery of disaste	er response supplies and e	quipment.				
c. What direct ser	vices will be provided to	citizens by t	he appropriat	ion project?	•	
Distribution of nee	eded disaster supplies that	are coordinat	ed by emerger	ncy manager	ment	
d. Who is the targ	et population served by t	his project?	How many in	dividuals ar	e expected to	o be served?
The residents, bu	siness owners and visitors	of Miami-Dad	le County.			
e. What is the exp be measured?	pected benefit or outcome	of this proj	ect? What is t	he methodo	ology by whic	h this outcome will
Provide timely del	livery and distribution of em	ergency supp	olies and equip	ment.		
	ggested penalties that the deliverables or performa					its standard penalties
Failure to meet de	eliverables will result in non	payment.				
15. Requester Contac	t Information					
a. First Name	Pete	Last Name	Gomez			
b. Organization	Miami-Dade County Emer	gency Mana	gement			
c. E-mail Address	pete.gomez@miamidade.	gov				
d. Phone Number	(786)367-7746	Ext.				
16. Recipient Contact	Information					
a. Organization	Miami-Dade County					
b. Municipality and	d County Miami-Dade					
c. Organization Ty	pe					
□For Profit Entity						
□Non Profit 501(d	c)(3)					
□Non Profit 501(d	c)(4)					
☑Local Entity						
□University or Co	ollege					
□Other (please s	pecify)					
d. First Name	Alejandro	Last Name	Fernandez			
e. E-mail Address		,				
f. Phone Number	(305)970-1003					
17. Lobbyist Contact						
a. Name	Jess M. McCarty					



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

LFIR # 1819

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