

1. Project Title

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

Emergency Management Deployable Community Response Team Program & Equipment - Miami-Dade County

LFIR # 1821

2. Senate Sponsor	Ana Maria Rodrig	luez				
3. Date of Request	12/06/2023					
4. Project/Program De	escription					
Management looks to through community e fully equipped and de dedicated to the wors	o expand on the Whengagement and presployable response at affected areas po	nole Community peparedness efforts trailers that will be st-disaster. In add	nission in under-served reparedness and response. The CERT program to utilized for training in dition to the response a rough community train	onse approach by ir expansion will requi all Miami-Dade Co and training equipm	ncreasing access ire the use of multiple unty districts and	
5. State Agency to rec	eive requested fur	nds Division	of Emergency Manage	ement		
State Agency contact	•		<u> </u>			
•						
6. Amount of the Nonre	ecurring Request	for Fiscal Year 20	024-2025			
Type of Funding	Type of Funding			Amount		
Operations				80,000		
Fixed Capital Outlay			0			
Total State Funds R	Requested			80,000		
7. Total Project Cost fo	or Fiscal Year 2024	l-2025 (including	matching funds avai	ilable for this proje	ect)	
Type of Funding			Amount	Percentage		
Type of Funding Total State Funds Re	eauested (from aues	stion #6)	Amount 80.000	Percentage 50%		
Type of Funding Total State Funds Re Matching Funds	equested (from ques	stion #6)	Amount 80,000			
Total State Funds Re	equested (from ques	stion #6)				
Total State Funds Re Matching Funds			80,000	50%		
Total State Funds Re Matching Funds Federal			80,000	50%		
Total State Funds Re Matching Funds Federal State (excluding the a			80,000 0 0	50% 0% 0%		
Total State Funds Re Matching Funds Federal State (excluding the a	amount of this requ	est)	0 0 0 80,000	50% 0% 0% 50%		
Total State Funds Re Matching Funds Federal State (excluding the a Local Other	amount of this requ	est) 24-2025	80,000 0 0 80,000 0	50% 0% 0% 50% 0%		
Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs 8. Has this project pre	amount of this required for Fiscal Year 20	est) 24-2025 state funding?	80,000 0 80,000 0 160,000	50% 0% 0% 50% 0% 100%		
Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs	amount of this required for Fiscal Year 20 eviously received s	est) 24-2025 state funding? unt	80,000 0 80,000 0 160,000	50% 0% 0% 50% 0%		
Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs 8. Has this project pre Fiscal Year	amount of this required for Fiscal Year 20	est) 24-2025 state funding?	80,000 0 80,000 0 160,000 No Specific	50% 0% 0% 50% 0% 100%		
Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs 8. Has this project pre Fiscal Year (уууу-уу)	for Fiscal Year 20 eviously received s Amo	est) 24-2025 state funding? unt Nonrecurring	80,000 0 80,000 0 160,000 No Specific Appropriation #	50% 0% 0% 50% 0% 100%		
Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs 8. Has this project pre Fiscal Year (уууу-уу) 9. Is future funding like	amount of this required for Fiscal Year 20 eviously received s Amo Recurring	est) 24-2025 state funding? unt Nonrecurring d?	80,000 0 80,000 0 160,000 No Specific	50% 0% 0% 50% 0% 100%		
Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs 8. Has this project pre Fiscal Year (уууу-уу)	amount of this required for Fiscal Year 20 eviously received s Amo Recurring	est) 24-2025 state funding? unt Nonrecurring d?	80,000 0 80,000 0 160,000 No Specific Appropriation #	50% 0% 0% 50% 0% 100%		
Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs 8. Has this project pre Fiscal Year (уууу-уу) 9. Is future funding like a. If yes, indicate no	for Fiscal Year 20 eviously received s Amo Recurring ely to be requeste correcurring amour	est) 24-2025 state funding? unt Nonrecurring d? nt per year.	80,000 0 80,000 0 160,000 No Specific Appropriation #	50% 0% 50% 0% 100% Vetoed		
Total State Funds Remark Matching Funds Federal State (excluding the allocal Other Total Project Costs 8. Has this project pre Fiscal Year (yyyy-yy) 9. Is future funding like a. If yes, indicate no	for Fiscal Year 20 eviously received s Amo Recurring ely to be requeste correcurring amour	est) 24-2025 state funding? unt Nonrecurring d? nt per year.	80,000 0 80,000 0 160,000 No Specific Appropriation #	50% 0% 50% 0% 100% Vetoed		



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Yes	
1 = 5	

11. Status of Construction

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, 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

1	a. What is the cur	rent phase of the	e project?			
	Planning	O Design	Construction	O N/A		
I	b. Is the project "	shovel ready" (i.	e permitted)?		No	
(c. What is the est	imated start date	of construction?			
(d. What is the est	imated completion	on date of constru	ction?		
12.	List the owners relationship bet	of the facility to ween the owners	receive, directly or of the facility and	indirectly the entity	y, any fixed capital outlay fu /.	nding. 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	Funds will be utilized to compensate instructors.	20,000			
Expense/Equipment/Travel/Supplies/ Other	Appropriations will be used to build a cache that can be used during training and will be readily available to deploy in the aftermath of a disaster. Trailers with personnel protective equipment, tools, first aid supplies and basic needs for residents.	60,000			
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)					

14. Program Performance

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



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Miami-Dade County will increase its resiliency post disaster. Residents will be trained to care for and assist one another.

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

First response and basic needs. First aid and light search and rescue capabilities. The focus will be on the under-served community.

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

CERT personnel and equipment will be readily available to all of the county residents.

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

The 2.7 million residents of Miami-Dade County. The Initial focus will be train individuals in the under-served portions 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?

Miami-Dade County residents will benefit from having fellow residents that are training in basic life support and search and rescue techniques. Emergency Management will measure the quantity of trained residents and ensure that the program is equitably distributed through out the county.

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 a. First Name Pete Last Name | Gomez b. Organization Miami-Dade County Emergency Management 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 County | Miami-Dade c. Organization Type ☐For Profit Entity □Non Profit 501(c)(3) □Non Profit 501(c)(4) ☑Local Entity □University or College □Other (please specify) Last Name Fernandez d. First Name

Alejandro



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e. E-mail Address	alejandro.fernandez3@miamidade.gov		
f. Phone Number	(305)970-1003		
17. Lobbyist Contact I	nformation		
a. Name	Jess M. McCarty		
b. Firm Name			
c. E-mail Address	jmm2@miamidade.gov		
d. Phone Number	(305)979-7110		