

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

LFIR # 1868

1. Project Title	Davie Fire Resc	ue Ambulance					
2. Senate Sponsor	Lauren Book						
3. Date of Request	12/11/2023						
4. Project/Program Des	scription						
local municipalities, m 5,600 businesses, the	neans Davie has a e Town also provid	ı unique position to des mutual aide ser	vices to abutting mun	ces for over 107,00 icipalities. Also, Dav	n's centrality to other 0 residents and close to vie Fire Rescue primarily to service along US-27.		
5. State Agency to rece	eive requested fu	ı nds Departm	ent of Financial Servi	ces			
State Agency contac	ted? No						
6. Amount of the Nonre	curring Request	for Fiscal Year 20	24-2025				
Type of Funding			Amo	unt			
Operations				637,500			
Fixed Capital Outlay				0			
Total State Funds Re	equested			637,500			
7. Total Project Cost for	r Fiscal Year 202	4-2025 (including			ect)		
Type of Funding		(' (10)	Amount	Percentage			
Total State Funds Red	questea (from que	estion #6)	637,500	75%			
Matching Funds				00/			
Federal		()	0	0%			
State (excluding the amount of this request)			0 212,500	0%			
	Local			25%			
Other			0	0%			
Total Project Costs f	for Fiscal Year 20	024-2025	850,000	100%			
8. Has this project prev	viously received	state funding?	No				
Fiscal Year	Amo	ount	Specific	Vetoed			
(уууу-уу)	Recurring	Nonrecurring	Appropriation #				
9. Is future funding like	ely to be requeste	ed?	No				
a. If yes, indicate no	nrecurring amou	nt per year.					
b. Describe the source of funding that can be used in lieu of state funding.							
10. Has the entity reque	esting this proje	ct received any fe	deral assistance rela	ted to the COVID-	19 pandemic?		
Yes							

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



11. Status of Construction

a. What is the current phase of the project?

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637,500

637,500

0

The Town received approximately \$2,076,400. The money was used for a combination of expenses such as mortgage foreclosure and rental eviction programs, Emergency Order compliance enforcement, PPE Expenses, Cleaning/Disinfection, Public Information, Public Safety Payroll, Facilitate Compliance, Residential Assistance, Small Business Assistance, and Community Programming. The Town also received \$17 million in American Rescue Plan Act funds.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

Planning	Design	Construction	O N/A					
b. Is the project	"shovel ready" (i.e permitted)?		No				
c. What is the es	timated start da	te of construction?						
d. What is the es	timated comple	tion date of constru	ction?					
List the owners relationship be	of the facility to tween the owne	receive, directly or s of the facility and	r indirectl the entit	y, any fixed o /.	capital o	utlay fundi	ing. Include th	е
The Town of Da	avie							
THE TOWN OF BE	2010							
		ate funds will be ex	pended					
	the requested st	ate funds will be ex	•	Description			Ar	nount
3. Details on how t	the requested st	ate funds will be ex	•	Description			Ar	nount
3. Details on how to Spending Category	the requested story costs: Project Head	ate funds will be ex	•	Description			Ar	nount
3. Details on how to Spending Category Administrative Control Executive Director/F	the requested story ory osts: Project Head	ate funds will be ex	•	escription			Ar	0
3. Details on how to Spending Category Administrative Category Executive Director/F Salary and Benefits	the requested story ory osts: Project Head enefits	ate funds will be ex	•	Description			Ar	

Purchase of one fire rescue ambulance unit to replace aging vehicle.

14. Program Performance

Planning Engineering

Operational Costs: Other

Construction/Renovation/Land/

Expense/Equipment/Travel/Supplies/

Fixed Capital Construction/Major Renovation:

Salary and Benefits

Services/Study

Consultants/Contracted

Other

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

Increase Fire Rescue fleet and maintain ISO Class 1 rating.

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

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



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Suppressi	on Capa	bilities, Ma	aintain the Town's ervices to the add	s Class 1 Pu	blic Prote	ection Cla	assificatio	on (PPC) Insurance Services Office Davie.	се
c. What di	rect ser	vices will	be provided to	citizens by t	he appr	opriation	n project	?	
Emergeno Fire Rescu		es and res	ponsiveness with	hin the comn	nunity as	well as h	nighways	and serviced by the Town of Dav	⁄ie
d. Who is	the targ	et populat	ion served by t	his project?	How ma	any indiv	/iduals a	re expected to be served?	
107,000 r	esidents								
e. What is	the exp	ected ben	efit or outcome	of this proj	ect? Wh	at is the	methodo	ology by which this outcome w	ill
be measu	red?								
This spec	ialized e	quipment i	s necessary for e	emergency re	esponse	and prot	ection of p	property.	
f. What are	e the su	ggested p	enalties that the	e contractin	g agenc	y may co	onsider iı	n addition to its standard pena	ltie
for failing	to meet	deliverab	les or performa	ince measur	es provi	ided for	the contr	ract?	
The Towr	n would c	consider re	quiring liquidated	d damages if	the ladd	er truck i	s not deliv	vered in a timely manner.	
15. Requester	Contact	Informati	ion						
a. First Na	1	Leona		Last Name	Henry				
b. Organiz	ation	Town of [Davie	-					
_		lhenry@davie-fl.gov							
d. Phone N	i	-	-	Ext.					
16. Recipient (Contact	Informatio	on						
a. Organiza	1	Town of [
b. Municip		d County	Broward						
c. Organiza	ation Ty _l	ре							
□For Pro	fit Entity								
□Non Pro	ofit 501(c	:)(3)							
□Non Pro	ofit 501(c	c)(4)							
☑Local E	ntity								
□Univers	ity or Co	llege							
□Other (p	olease sp	pecify)							
d. First Na	me	Leona		Last Name	Henry]	

17. Lobbyist Contact Information

e. E-mail Address | lhenry@davie-fl.gov

f. Phone Number (954)797-1035



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a. Name	Lauren A. Jackson	
b. Firm Name	Ericks Consultants Inc	
c. E-mail Address	lauren.andyj@gmail.com	
d. Phone Number	(931)265-8999	