

**LFIR # 1065** 

1.	Project Title	Deerfield Beach	Fire Station 4 R	ehabilitation Project		
2.	Senate Sponsor	Tina Polsky				
3.	Date of Request	11/4/2025				
4.	Project/Program De	escription				
	Powerline Road, De merger of the City's times its doors reope Highway, the main chouses both BSO Fi Office. The central H	erfield Beach's Fire Fire Department wit ened. Today, this his gateway to our beactire Rescue operation HVAC and rooftop ung humidity inside the	Station 4, locate the Broward Sher storic site—locate h—is serving the sand the Policinits are in poor one facility. The e	ommunity Engagement of the at 928 E. Hillsboro Bound iff's Office (BSO) Fire Roted at the corner of Hills e community in new and e Athletic League (PAL) condition and not tied to lectrical panels are at further to be at 100 panels.	oulevard, closed in 2 escue; however to i boro Boulevard and I meaningful ways. I , a vital initiative of the property, creating	2011 following the mprove response US-1/Federal The building now the Broward Sheriff's ng poor air flow and
5.	State Agency to rec	ceive requested fu	<b>nds</b> Depai	tment of Financial Serv	ices	
	State Agency conta	acted? No				
6.	Amount of the Non	recurring Request	for Fiscal Year	2026-2027		
	Type of Funding			Amo	ount	
	Operating				0	
	Fixed Capital Outlay	<i>I</i>			500,000	
	Total State Funds I				500,000	
	LIVIAL VIALE FULLUS I	Reduested			200.000	l .
	I Jiai Jiaie Fullus I	Kequesteu			500,000	
7.		•	6-2027 (includir	ng matching funds ava		•
7.		•	6-2027 (includii	ng matching funds ava		•
7.	Total Project Cost f	for Fiscal Year 2020			nilable for this proj	•
7.	Total Project Cost f	for Fiscal Year 2020		Amount	nilable for this proj	•
7.	Total Project Cost f  Type of Funding  Total State Funds R	for Fiscal Year 2020		Amount	nilable for this proj	•
7.	Total Project Cost f  Type of Funding  Total State Funds R  Matching Funds	for Fiscal Year 2026 equested (from que	stion #6)	<b>Amount</b> 500,000	Percentage 67%	ect)
7.	Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal	for Fiscal Year 2026 equested (from que	stion #6)	Amount 500,000	Percentage 67% 0% 0% 33%	ect)
7.	Total Project Cost f  Type of Funding  Total State Funds R  Matching Funds  Federal  State (excluding the	for Fiscal Year 2026 equested (from que	stion #6)	Amount 500,000	Percentage 67% 0%	ect)
7.	Total Project Cost f  Type of Funding  Total State Funds R  Matching Funds  Federal  State (excluding the Local	equested (from que	stion #6)	Amount 500,000 0 0 250,000	Percentage 67% 0% 0% 33%	ect)
	Total Project Cost f  Type of Funding  Total State Funds R  Matching Funds  Federal  State (excluding the Local  Other	e amount of this requested Year 2026 s for Fiscal Year 2026 eviously received s	stion #6)  est)  26-2027  state funding?	Amount 500,000 0 0 250,000 0	Percentage 67% 0% 0% 33% 0%	ect)
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8.	Total Project Cost f  Type of Funding  Total State Funds R  Matching Funds  Federal  State (excluding the Local  Other  Total Project Costs  Has this project profit yes, provide the	equested (from que amount of this requested services for Fiscal Year 20 eviously received services most recent instantantal Amount of this requested services for Fiscal Year 20 eviously received services from the first for Fiscal Year 20 eviously received services from the first for Fiscal Year 20 eviously received services from the first for Fiscal Year 20 eviously received services from the first for Fiscal Year 20 eviously received services from the first for Fiscal Year 20 eviously received services from the first for Fiscal Year 20 eviously received services from the first for Fiscal Year 20 eviously received services from the first from	stion #6)  26-2027  state funding? ace:  Nonrecurring	Amount 500,000  0 250,000 0 750,000 No Specific	Percentage 67% 0% 0% 33% 0% 100%	ect)
8.	Total Project Cost f  Type of Funding  Total State Funds R  Matching Funds  Federal  State (excluding the Local  Other  Total Project Costs  Has this project profit yes, provide the  Fiscal Year (уууу-уу)  Is future-year funding	equested (from que amount of this requested sequested (from que amount of this requested sequested year 20 eviously received sequester recent instandard Recurring	stion #6)  26-2027  state funding? ace:  Nonrecurring uested?	Amount 500,000  0 250,000 0 750,000 No Specific Appropriation #	Percentage 67% 0% 0% 33% 0% 100%	ect)
8.	Total Project Cost f  Type of Funding  Total State Funds R  Matching Funds  Federal  State (excluding the Local  Other  Total Project Costs  Has this project profit yes, provide the fiscal Year (yyyy-yy)  Is future-year funding a. If yes, indicate near the state of	equested (from que amount of this requested sequested (from que amount of this requested sequested year 20 eviously received sequested instandard Recurring amount of this requested in the frequency of the frequ	stion #6)  26-2027  state funding? ce:  nunt Nonrecurring uested? nt per year.	Amount 500,000  0 250,000 0 750,000 No Specific Appropriation #	Percentage 67% 0% 0% 33% 0% 100%	ect)



10. Status of Construction

### The Florida Senate Local Funding Initiative Request Fiscal Year 2026-2027

**LFIR # 1065** 

### Complete questions 10 and 11 for Fixed Capital Outlay Projects

'A
Yes
07/01/2026
12/31/2027
s and maintenance of the project?
and maintenance of the fire station.
ctly, any fixed capital outlay funding. Include the tity.

### 12. 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		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	or Renovation:	
Construction/Renovation/Land/ Planning Engineering	The State funds will be utilized for a roof replacement, exterior painting and door replacement of the fire station.	500,000
Total State Funds Requested (m	nust equal total from question #6)	500,000

### 13. Program Performance

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

The goal achieved by completing repairs to the fire station is allowing the fire station to remain operable and livable for the first responders housed at the facility. A rehabilitation project for fire station #4 can significantly enhance its functionality, safety, and community relations while ensuring the well-being of firefighters and the public they serve.

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



**LFIR # 1065** 

The request is for a rehabilitation project of fire station # 4 to maintain a safe and healthy environment for first responders to provide services to residents of Deerfield Beach. The rehabilitation project will consist of a roof replacement, exterior painting and door replacements.

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

Firefighters respond to fires, medical emergencies, hazardous material incidents, and other emergencies to ensure public safety. Direct Services include: Emergency Response, Fire Prevention, Public Education, CPR and First Aide Training, Community Engagement, and Disaster Preparedness. These services are aimed at enhancing community safety and promoting awareness of fire hazards and emergency preparedness.

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

Fire Station 4 is located on the intersection Hillsboro Blvd and US-1/Federal Highway, the main gateway to the City's Beach. This fire station serves the downtown area, municipal beach, the City Pier, with various businesses, parks, and cooperate headquarters. The building now houses both BSO Fire Rescue operations and the Police Athletic League (PAL), a vital initiative of the Broward Sheriff's Office.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

The expected benefit of the rehabilitation project to the fire station is improved safety, better living conditions, community engagement, attracting talent and enhancing the public image.

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 in the contract?

If the City of Deerfield Beach (City) fails to meet deliverables the City will imply a self-imposed sanction to not apply for and appropriations for a period of time.

4. IS	this project related to mitigation, response, or recovery from a natural disaster? No
a. If	f Yes, what phase best describes the project?
	Mitigation (reducing or eliminating potential loss of life or property)
	Response (addressing the immediate and short-term effects of a natural disaster)
	Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)
b. N	lame of the natural disaster (or Executive Order # for events not under a federal declaration):
5. Ha	s the entity applied for or received federal assistance for this project?
	Yes, Applied
	Yes, Received
	No
	No, but intends to apply
a. If	f yes, provide the FEMA project worksheet ID#:
b. F	Provide the total project cost listed on the FEMA project worksheet:



**LFIR # 1065** 

16. Has the entity app	lied for o	r received state	assistance	or this projec	t (other tha	n this request)	)?
☐ Yes, Applied							
☐ Yes, Received							
□ No							
☐ No, but intends to	o apply						
a. If yes, specify the Commerce):	e progran	n and state ager	ncy (ex. Loca	al Governmen	t Emergenc	ey Bridge Loan	, Department of
17. Requester Contact	Informat	ion					
a. First Name	Rodney		Last Name	Brimlow			
b. Organization	City of De	eerfield Beach					
c. E-mail Address	Rbrimlow	@deerfieldbeac	hfl.gov				
d. Phone Number	(954)250	-4083	Ext.				
18. Recipient Contact	Information	on					
a. Organization	City of De	eerfield Beach					
b. Municipality and	d County	Broward					
c. Organization Ty	ре						
□For Profit Entity							
□Non Profit 501(d	:)(3)						
□Non Profit 501(d	:)(4)						
☑Local Entity							
□University or Co	llege						
□Other (please sp	pecify)						
d. First Name	Jonathan		Last Name	Salas		]	
e. E-mail Address	jsalas@d	leerfield-beach.c	om				
f. Phone Number	(954)250	-4240	Ext.				
19. Lobbyist Contact I	nformatio	n					
a. Name	Heather	L. Turnbull					
b. Firm Name	Rubin, T	urnbull & Associa	ates				
c. E-mail Address	heather@	rubinturnbull.co	m				



**LFIR # 1065** 

d. Phone Number	(305)495-3868

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.