



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1395

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Funding is necessary to acquire a new Critical Care Transport Vehicle for Cooper City Fire Rescue, replacing the existing rescue vehicle due to frequent malfunctions, constant repair needs, and surpassed service life extended beyond the National and County standard of 10 years (involves 5 years of frontline service and 5 years as a reserve unit). The new Rescue Vehicle will be equipped with vital accessories, including chassis, radio system, essential equipment, patient-specific customizations, and will undergo comprehensive final inspections. The Rescue Vehicle will be designed to possess a sturdy, custom-built interior patient compartment, enabling specialized care response. This feature will significantly aid the Fire-Rescue Department in delivering Critical Care Transport rescue services for Cooper City and Broward County citizens through mutual aid agreements.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	600,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>600,000</b>

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	600,000	75%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	200,000	25%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2026-2027</b>	<b>800,000</b>	<b>100%</b>

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future-year funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1395

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

### 10. Status of Construction

a. What is the current phase of the project?

☐ Planning ☐ Design ☐ Construction ☐ N/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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

### 12. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
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</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Purchase of a new Fire Rescue Critical Care Transport Vehicle to meet the unique needs and specialized care of the citizens, meet the National and County service life and safety standards, and provide Countywide mutual aid during disasters.	600,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>600,000</b>

### 13. Program Performance

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1395

The specific purpose of the funds requested is to enhance public safety, improve emergency response capabilities and times, ensure compliance with national and local safety standards, and provide the community with critical, efficient, and dependable rescue services. The specific goal is to accomplish the purchase of a new Fire Rescue Critical Care Transport Vehicle to meet the unique needs and specialized care of the citizens, achieve National and County service life and safety standards, and provide mutual aid when needed.

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

Purchase of a new Fire Rescue Critical Care Transport Vehicle to meet the unique needs and specialized care of the citizens. The Project includes the purchase of a new Rescue Vehicle for the Fire-Rescue Department, improving public safety service delivery and enabling specialized care response. This Project will significantly aid the Fire-Rescue Department in delivering Critical Care Transport, effectively addressing the unique needs of our community, in Cooper City and Broward County.

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

The Project will provide citizens with more efficient and dependable critical care rescue services, critical equipment, faster response times, and improved protection of lives in our community. This Rescue Vehicle will be engineered and outfitted with a robust customized interior patient compartment that will allow specialized care response and assist the Fire-Rescue Department to deliver essential Critical Care Transport (CCT) that meets the unique needs of citizens.

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

All Cooper City residents - 34,400 plus Countywide mutual aid responses. The Project will not only serve Cooper City, but provides regional benefits through Countywide automatic aid agreements, and mutual aid agreements, either of which may be called upon to assist during disasters. This Fire Rescue Critical Care Transport Vehicle is not just a means of transport but a life-saving tool. The design and features will allow for rapid response times, immediate medical intervention, and a safe transfer to the hospital, improving survival rates and outcomes. This Project demonstrates our organization's commitment in providing optimal emergency care services to the community.

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

Expected benefits of this Project includes life-saving support for first responders in delivering critical care during medical emergencies, accidents, or disasters. This Project holds immense value in the community. The Project will serve as a mobile intensive care unit, equipped with state-of-the-art medical equipment that can handle severe injuries and life-threatening situations swiftly and efficiently. This Rescue Vehicle is designed to bring the highest level of medical care to the patient at the scene, minimizing the time between the onset of illness or injury and the initiation of definitive care. The Project will be measured for responsiveness, lifesaving capabilities, and operational efficiency, including the number of emergency calls responded to, the patients transported, and the reduction in overall response times.

**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?**

Non-payment of invoices until milestones achieved; implementation of corrective action plan. Revocation of state funding. The contracting agency may consider rejection of deliverables and a corrective action plan to permit the Grantee to remedy the rejection. If a remedy is not possible, the contracting agency may consider the return of funds or an invoice reduction.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?** ☒ Yes

**a. If 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 infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1395

Future Disaster Mitigation (reducing or eliminating potential loss of life) through rescue services

**15. Has the entity applied for or received federal assistance for this project?**

- ☐ Yes, Applied
- ☐ Yes, Received
- ☒ No
- ☐ No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**

**b. Provide the total project cost listed on the FEMA project worksheet:**

**16. Has the entity applied for or received state assistance for this project (other than this request)?**

- ☐ Yes, Applied
- ☐ Yes, Received
- ☒ No
- ☐ No, but intends to apply

**a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):**

**17. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**18. Recipient Contact Information**

**a. Organization**

**b. Municipality and County**

**c. Organization Type**

☐ For Profit Entity

☐ Non Profit 501(c)(3)

☐ Non Profit 501(c)(4)



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1395

☒ Local Entity

☐ University or College

☐ Other (please specify)

d. First Name  Last Name

e. E-mail Address

f. Phone Number  Ext.

#### 19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

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