



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 3056

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Miami-Dade Fire Rescue (MDFR) continues to prioritize the safe deployment of its personnel by maintaining awareness of all risks faced by department first responders. Recognizing the increasingly dubious and violent climate, MDFR is fully aware of the importance in outfitting first responders with ballistic gear that meets the highest recognized National Fire Protection Association (NFPA) standards, specifically NFPA 3000. This gear will not only protect MDFR first responders, but also the public during an emergency response. Miami-Dade Fire Rescue seeks to purchase (265) new sets of Ballistic gear, which include helmets, vests, and chest plates for front line operations personnel, for fiscal year 23-24. This purchase will provide these personnel with adequate protection and tools necessary to respond to Mass Causality Attack/Active Shooter (MCA)-related incidents, as well as other violent calls for service throughout the county.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	359,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>359,000</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	359,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	359,000	50%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>718,000</b>	<b>100%</b>

8. Has this project previously received state funding?

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

9. Is future 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.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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Yes

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

Miami-Dade County received \$1,419,320,111.50 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

### 11. Status of Construction

**a. What is the current phase of the project?**

Planning   
  Design   
  Construction

**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?**

**12. 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.**

### 13. 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: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Purchase of (265) new sets of ballistic gear, including helmets; vests; and plates.	359,000
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>359,000</b>

### 14. Program Performance

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



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

This project will provide MDRF first responders with the protection and resources to successfully respond to MCA-related incidents, as well as an array of violent calls that require the assistance of ballistic gear.

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

With ballistic protection, citizens can take solace in knowing MDRF's first responders are equipped with tackling fire and other violent emergencies, such as stabbings and firearm disputes, with sufficient protection. Although this purchase will not alter the nature of the department's response teams, MDRF's first responders can now respond to violent emergency scenes more efficiently and fully-protected from certain projectiles.

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

Miami-Dade County and surrounding areas, which is about 2.7 million residents.

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

In an era where mass shootings are the norm, it is vital all first responders are properly equipped to assist citizens in dire situations. With new ballistic gear for front line staff members, MDRF can further protect its emergency response personnel from various violent crimes not directly related to fire, such as mass shootings or stabbings. Violent crimes, such as in a hostage situation, can also take an emotional toll on first responder's morale. Having the proper ballistics equipment to protect emergency response staff during said emergencies will remedy certain internal struggles many MDRF first responders will face while on-duty, such as an increase in anxiety or depressive thoughts, as they are exposed to terrorizing activities.

**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?**

Funds could be provided on a reimbursement basis after services are performed.

**15. Requester Contact Information**

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

**16. 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)



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- Local Entity
- University or College
- Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**