



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1611

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The Village requests support for the Village's Emergency Management Program to update our Emergency Management Response Plan, perform advanced NIMS training, and conduct an integrated exercise for evacuation and re-entry. Because of the Village's vulnerabilities of being on a low-lying barrier island with one access road in and out, we deliberately reevaluate and revise our emergency response program every three years.

5. **State Agency to receive requested funds**

**State Agency contacted?**  No

6. **Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

Type of Funding	Amount
Operations	250,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>250,000</b>

7. **Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	250,000	71%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	100,000	29%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>350,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  No

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

9. **Is future funding likely to be requested?**  No

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?**

No



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

The Village received \$531,000 of CARES Act funding through Miami-Dade County to reimburse the Village for expenditures related to the pandemic such as COVID related overtime, legal expenses, and PPE.

## 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    
  N/A

b. Is the project "shovel ready" (i.e permitted)?

No

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	Emergency Management Coordinator	100,000
Expense/Equipment/Travel/Supplies/Other	Communication equipment, medical equipment, rental of training facilities, Printing and distribution of exercise materials to include manuals, maps, and participant guides.	25,000
Consultants/Contracted Services/Study	Consultant to guide, evaluate and update Hurricane Response Plan.	125,000
<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>250,000</b>

### 14. Program Performance

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



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To update the Village's Emergency Management Response Plan, perform advanced NIMS training, and conduct an integrated exercise for evacuation and re-entry. Seeing that the Village faces unique vulnerabilities being on a low-lying barrier island with one access road in and out, it is crucial to reevaluate and revise our hurricane response program on a regular basis.

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

Hurricane Table-Top Exercises, Disaster Preparedness, NIMS Training.

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

No direct services are being provided to citizens by this appropriations request.

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

The majority of funds will benefit no specific group.

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

Reducing property damage, enhancing community resilience, and lowering the economic burden of recovery for residents. The overall reduction in evacuation times and associated lives saved is a critical measure when dealing with a single evacuation route in a unique geographic area, where timely evacuation can be a matter of life and death. Having an updated hurricane response plan, conducting the necessary trainings, etc. is crucial to protecting lives and property. Will allow for a timely and well prepared evacuation. An updated response plan will include communication strategies for family members, employees, and community members to provide critical information and coordinating efforts.

**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 forfeiture of funds or financial penalties as described in the contract.

**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)
- Local Entity
- University or College



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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**