



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** City of Pembroke Pines Elevated Rescue Platform

2. **Senate Sponsor:** Lauren Book

3. **Date of Submission:** 12/12/2017

4. **Project/Program Description:**

Purchase an elevated firefighting platform/elevated rescue vehicle for \$960,000

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Executive Office of the Governor

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

| Amount Requested for Operations | Amount Requested for Fixed Capital Outlay | Total Amount of Requested State Funds |
|---------------------------------|---|---------------------------------------|
|                                 | 960,000                                   | 960,000                               |

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

| Type   | Amount  | Percent |
|--|---------|---------|
| Federal                                      | 0       | 0.0%    |
| State (excluding the amount of this request) | 0       | 0.0%    |
| Local  | 240,000 | 20.0%   |
| Other  | 0       | 0.0%    |
| TOTAL  | 240,000 | 20.0 %  |

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,200,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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|                               |   |  |   |
|-------------------------------|---|--|---|
| <b>FY:</b>                    | <b>Input Prior FY Appropriation for this project<br/>for FY 2017-18</b><br>(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.) |  |   |
| <b>Column:</b>                | <b>A</b>  | <b>B</b>                                   | <b>C</b>  |
| <b>Funds<br/>Description:</b> | <b>Prior Year<br/>Recurring Funds *</b>   | <b>Prior Year<br/>Nonrecurring Funds *</b> | <b>Total Funds Appropriated<br/>(Column A + Column B)</b> |
| <b>Input Amounts:</b>         |   |  |   |

### 10. Is future-year funding likely to be requested?

No

### 11. Program Performance:

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

Purchase a replacement elevated firefighting/rescue platform to effectively fight fires in buildings with 2 or more floors.

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

Purchase a replacement elevated firefighting/rescue platform with 105 foot reach and 3 person bucket with the ability to pump 2,000 gallons of fire suppressing water per minute.

#### c. How will the funds be expended?

| Spending Category  | Description | Amount |
|--|-------------|--------|
| Administrative Costs   |             |        |
| <input type="checkbox"/> Executive Director/Project Head Salary and Benefits |             |        |
| <input type="checkbox"/> Other Salary and Benefits                           |             |        |
| <input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other             |             |        |
| <input type="checkbox"/> Consultants/Contracted Services/Study               |             |        |
| Operational Costs  |             |        |
| <input type="checkbox"/> Salary and Benefits                                 |             |        |
| <input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other             |             |        |



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|   |   |         |
|---|---|---------|
| <input type="checkbox"/> Consultants/Contracted Services/Study                        |   |         |
| Fixed Capital Construction/Major Renovation   |   |         |
| <input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering | purchase a replacement elevated firefighting/rescue platform with 105 foot reach and 3 person bucket with the ability to pump 2,000 gallons of fire suppressing water per minute. | 960,000 |
| TOTAL   |   | 960,000 |

**d. What are the direct services to be provided to citizens by the appropriations project?**

An elevated firefighting platform is essential for effectively fighting fires on upper floors and is crucial for the rescue of trapped individuals in residences over two stories.

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

Residents of Pembroke Pines and surrounding cities through mutual aid agreements; approximately 165,000 residents of Pembroke Pines and surrounding cities approximately 500,000 residents.

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

It will ensure our ability to rescue multiple trapped persons and/or apply an appropriate amount of water to extinguish a burning elevated structure in the community, including surrounding cities that are served through mutual aid agreements. Will be measured by fire outcome statistics.

**g. 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?**

The standard penalties in place for noncompliance are sufficient.

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

City of Pembroke Pines- Entity owned

**13. Requestor Contact Information:**

- a. **Name:** Aner Gonzalez
- b. **Organization:** City of Pembroke Pines
- c. **Email:** agonzales@ppines.com
- d. **Phone Number:** (954)450-1034



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**14. Recipient Contact Information:**

**a. Organization:** City of Pembroke Pines

**b. County:** Broward

**c. Organization Type:**

- ☐ For Profit
- ☐ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☒ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

**d. Contact Name:** Aner Gonzalez

**e. E-mail Address:** agonzales@ppines.com

**f. Phone Number:** (954)450-1034

**15. If there is a registered lobbyist, fill out the lobbyist information below.**

**a. Name:** Candice Ericks

**b. Firm:** Ericks Consultants

**c. Email:** candice@ericksconsultants.com

**d. Phone Number:** (954)648-1204