

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 2252

| 1. Project Title | Town of Davie I | Hurricane Proof N | /lulti-use Pu | blic Safety F | acility | | |
|--|---|---------------------------------------|------------------------------|-----------------------------------|--|--|--|
| 2. Senate Sponsor | Lauren Book | | | | | | |
| 3. Date of Request | 02/23/2023 | | | | | | |
| 4. Project/Program D | escription | | | | | | |
| facility will provide s | heltering during hu ed at the facility. Th | rricanes and othe e doors and wind | er natural di lows at the | sasters for th facility are no | le Town's public saf ot hurricane-proof a | ers. The hardening of the ety personnel, staff, and the facility. In addition, | |
| 5. State Agency to re | J. J. | | | w Enforceme | | | |
| State Agency conta | acted? No | | 2023-2024 | | | | |
| Type of Funding | | | 2020 2021 | Amo | ount | | |
| Operations | | | Amount | | | | |
| Fixed Capital Outlay | / | | | | 250,000 | | |
| Total State Funds | | | | | 250,000 | | |
| 7. Total Project Cost f Type of Funding | or Fiscal Tear 202 | 23-2024 (Includir | Amo | unt | Percentage | | |
| Total State Funds R | equested (from qu | estion #6) | | 250,000 | 50% | | |
| Matching Funds | | | | | | | |
| Federal | | | | 0 | 0% | 1 | |
| State (excluding the | amount of this req | uest) | | 0 | 0% | 1 | |
| Local | | | | 250,000 | 50% | 1 | |
| Other | | | | 0 | 0% | | |
| Total Project Costs | s for Fiscal Year 2 | 023-2024 | | 500,000 | 100% | | |
| 8. Has this project pr | eviously received | state funding? | No | | | | |
| Fiscal Year | Amount | | Specific | | Vetoed | | |
| (уууу-уу) | Recurring | Nonrecurring | Appro | priation # | | | |
| 9. Is future funding li | kely to be request | ed? | No | | | I | |
| a. If yes, indicate n | onrecurring amou | int per vear. | | | | | |
| | _ | | | -4 - 6 1! | | J | |
| b. Describe the so | urce of funding th | at can be used i | n lieu of St | ate funding. | • | 1 | |
| | | | | | | | |
| 10. Has the entity req | uesting this proje | ct received any | federal as | sistance rela | ated to the COVID- | 19 pandemic? | |
| Yes | | | | | | | |
| If yes, indicate the | amount of funds | received and w | hat the fun | de were liee | d for | | |
| ii yoo, iiididate tiid | amount of fullus | . Joseph and Wi | iat the full | HOIC USE | | | |



11. Status of Construction

a. What is the current phase of the project?

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The Town received approximately \$2,076,400. The money was used for a combination of expenses such as mortgage foreclosure and rental eviction programs, Emergency Order compliance enforcement, PPE Expenses, Cleaning/Disinfection, Public Information, Public Safety Payroll, Facilitate Compliance, Residential Assistance, Small Business Assistance, and Community Programming. The Town is also anticipated to receive \$17 million in American Rescue Plan Act funds.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

| | | ODesign | Construction | | | |
|-----|-------------------------------|----------------------------------|--|----------------------------|-----------------------------|-----|
| b | o. Is the project | t "shovel ready | /" (i.e permitted)? | No | | |
| C | . What is the e | stimated start | date of construction? | 4/1/2023 | | |
| c | d. What is the e | estimated comp | pletion date of construction? | 2/1/2024 | | |
| 12. | List the owner relationship b | rs of the facility etween the ow | y to receive, directly or indirec ners of the facility and the enti | tly, any fixed capi ty. | tal outlay funding. Include | the |
| | Town of Davie | e/self | | | | |

13. 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: Other | | |
| Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/ Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Fixed Capital Construction/Majo | r Renovation: | |
| Construction/Renovation/Land/ Planning Engineering | Upgrading and retrofitting the facility will allow for hardening of the structure ensuring continuity of police services and other emergency operations that are managed in the secondary Emergency Operations Center and Field Operations Center. | 250,000 |
| Total State Funds Requested (m | ust equal total from question #6) | 250,000 |

14. Program Performance

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



15.

16.

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The Davie Police Department services 105,149 residents as well as 7,958 residents of the Town of Southwest Ranches, a neighboring town who has contracted with Davie Police Department for law enforcement services. All 113,107 residents rely on the Police Department to provide emergency service 24/7. It is vital that law enforcement operations stay in effect during and after a catastrophic event such as a hurricane or other life-threatening incident. The Public Safety Facility is home to the Town's secondary Emergency Operations Center during emergency occurrences. Human safety is the highest priority and resources such as power radios, phone lines, internet, and computers are needed to ensure critical information is relayed to patrol officers in the field as well as Fire Rescue personnel.

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

Remove and wind retrofit two garage doors (Sally Port) with flush wind retrofitted garage doors with DAB Model; 8 french doors and rated at current hurricane standards (cat 5 resistance) 92 windows (various sizes) rated at current hurricane standards.

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

The entire community of Davie will benefit from the wind retrofit of the facility. Upgrading and retrofitting the facility will allow for hardening of the structure ensuring continuity of police services and other emergency operations that are managed in the secondary Emergency Operations Center and Field Operations Center. The retrofit project will include replacing all exterior windows, doors and garage bay doors to withstand Class A Hurricane Resistant standards. All hardware will be replaced with current and more durable materials to ensure they are up to the most current standards.

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

Town of Davie and the Town of Southwest Ranches (the Town contracts with this municipality to provide public safety services). Approximately 113,107 total.

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

Wind retrofit for critical infrastructure and buildings to withstand Class A Hurricane Resistant standards (Category 5 winds) by replacing doors, windows and garage bay doors to withstand stronger wind speeds throughout the entire facility.

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?

The Town would consider requiring liquidated damages if the project was not completed within the project timeline.

| Requester Contact | Information | | | | | |
|------------------------------------|---------------------------|-----------|-------|--|--|--|
| a. First Name | Leona | Last Name | Henry | | | |
| b. Organization | Town of Davie | | | | | |
| c. E-mail Address | lhenry@davie-fl.gov | | | | | |
| d. Phone Number | (954)797-1035 Ext. | | | | | |
| Recipient Contact Information | | | | | | |
| a. Organization | Town of Davie | | | | | |
| b. Municipality and County Broward | | | | | | |
| c. Organization Ty _l | ре | | | | | |
| □For Profit Entity | | | | | | |
| □Non Profit 501(d | :)(3) | | | | | |
| | | | | | | |



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| □Non Profit 501(c | □Non Profit 501(c)(4) | | | | | |
|----------------------------------|------------------------|-----------|-------|--|--|--|
| ☑Local Entity | ☑Local Entity | | | | | |
| □University or Co | □University or College | | | | | |
| □Other (please specify) | | | | | | |
| d. First Name | Leona | Last Name | Henry | | | |
| e. E-mail Address | s Ihenry@davie-fl.gov | | | | | |
| f. Phone Number | (954)797-1035 | | | | | |
| 17. Lobbyist Contact Information | | | | | | |
| a. Name | Lauren A. Jackson | | | | | |
| b. Firm Name | TSE Consulting | | | | | |
| c. E-mail Address | lauren.andyj@gmail.com | | | | | |
| d Phone Number | (031)265-8000 | | | | | |