



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1820

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The Division of Emergency Management (DEM) does not have the capability to deploy a command-and-control facility. A deployable command-and-control facility provides the ability to establish operational command centers in various locations quickly. This mobility is particularly crucial in disaster response or emergency situations where a fixed facility may not be available or accessible. It allows for the adaptation to rapidly changing circumstances and maintains effective command and control capabilities. Additionally, having a deployable facility serves as a backup option in case the primary command-and-control center becomes compromised or inaccessible. In scenarios where the fixed facility is damaged, destroyed, or affected by natural or human-generated disasters, a deployable facility ensures uninterrupted command and control operations.

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

**State Agency contacted?**  Yes  No

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

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>500,000</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)	500,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	500,000	50%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>1,000,000</b>	<b>100%</b>

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

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

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

a. **If yes, indicate nonrecurring amount per year.**

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



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

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

Miami-Dade County received \$2,608,188,975.73 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    
  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?

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	Funds will be fully utilized to fund the purchase of the deployable units and transport trailer.	500,000
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>500,000</b>

14. Program Performance

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



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The deployable command-and-control facilities can facilitate interoperability and collaboration among different departments or divisions within the County. They provide a common operational platform where personnel from various entities can coordinate and share information effectively. This interoperability enhances situational understanding, facilities joint operations, and promotes efficient decision-making. Deployable facilities can also be utilized for training purposes, allowing county-wide personnel to practice command-and-control procedures in realistic settings. Conducting exercises using deployable facilities helps ensure that Disaster Assistance Employees (DAEs) are familiar with the equipment, systems and protocols associated with mobile command centers.

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

Public safety and Emergency Management Command and Coordination.

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

There will not be direct services to the citizens, however the units will be utilized to coordinate the emergency response needs of the community.

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

Citizens of Miami-Dade County. 2.7 million residents will benefit.

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

Currently, there aren't measures for the project. In the future the deployable asset will be measured by the amount of times it is utilized for actual emergencies and training initiatives.

**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 nonpayment.

**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**