



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1799

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

The Town of Cutler Bay seeks \$3.5 Million to construct its first emergency operations center to serve the residents of Cutler Bay. The EOC building will also house the Town's Police Department. Cutler Bay currently does not have an EOC and is forced to move its emergency operations to the building of one of its corporate partners. This emergency action plan is not sustainable as the Town faces the potential of not having a safe location to house first responders during an emergency if the existing partnership is terminated. The Town envisions a LEED certified EOC to support emergency preparedness, management, and response functions. The new building will be fortified to withstand a Category 5 storm, resist flooding, and resist fire damage. It will house the Town's technology needs and include a secondary power source. The ultimate goal of this project is to reduce or eliminate gaps in the Town's emergency operations by implementing best practices in EOC development.

5. **State Agency to receive requested funds**
- State Agency contacted?**

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	3,500,000
Total State Funds Requested	3,500,000

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)	3,500,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	3,500,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	7,000,000	100%

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.**
- Not Applicable



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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.

\$146,000-FDLE CESF for law enforcement and equipment, \$850,000 - Miami Dade CARES for law enforcement, emergency supplies, and resident financial support, \$21.89 million - ARPA for water quality improvement projects and general services.

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.

The facility will be owned and operated by the Town of Cutler Bay.

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/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Design, Permitting, Construction and Construction, Engineering, and Inspection (CEI) of the Cutler Bay Emergency Operations Command Center	3,500,000
Total State Funds Requested (must equal total from question #6)		3,500,000

14. Program Performance

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



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The proposed project aims to establish the Town's first Emergency Operations Command Center to reduce or eliminate existing operational gaps in the Town's emergency response action plan. The new Emergency Operations Center will improve coordination between the Town and neighboring communities. It will improve the Town's resilience by protecting the Town's critical operations such as technology, police department, and emergency management coordinators.

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

The Town proposes to construct an approximately 14,000 square foot emergency operations command center. The building will be constructed to meet LEED Gold-Level Certification and withstand a Category 5 Hurricane.

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

The Town's project will protect public health and improve the Town's ability to re-establish community lifelines after a disaster. The primary critical lifelines associated with this project include; safety and security, energy, and communications.

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

The project is a part of the Town of Cutler Bay's comprehensive approach to emergency management. The Town of Cutler Bay's population is 43,958 (Census 2022).

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

The project fosters public trust as the community will have a dedicated emergency operations center to improve the Town's resilience and sustainability. The success of the project will be measured by the development of one (1) Town of Cutler Emergency Operations Command Center.

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 will not be reimbursed for project activities that do not meet the deliverables or performance measures.

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