



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3192

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The City of Delray Beach seeks funds to purchase an emergency response mobile barrier to function as a blocker on highway incident responses designed to protect emergency first responders from speeding vehicles. Tractor trailer design with a 45 foot trailer, Matrix signage board, 3,000 gallon water tank, Scorpion II truck mounted attenuator (TMA).

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	612,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>612,000</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)	612,000	90%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	68,000	10%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>680,000</b>	<b>100%</b>

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.**

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.**



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The City received \$10.9 million in federal assistance. The funds were used to cover revenue losses.

### 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	This trailer-style barrier is specifically designed to serve as a blocker on the highway and is equipped with electronic, programmable signage to warn oncoming drivers, and a Scorpion II truck mounted attenuator (TMA) that is designed to serve as a mobile crash cushion attached to the rear of the trailer. This device will not only protect the blocker vehicle and emergency responders but will also protect the driver and occupants of the vehicle that strikes the device.	612,000
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>612,000</b>

#### 14. Program Performance

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



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This trailer-style barrier is specifically designed to serve as a blocker on the highway and is equipped with electronic, programmable signage to warn oncoming drivers, and a Scorpion II truck mounted attenuator (TMA) that is designed to serve as a mobile crash cushion attached to the rear of the trailer. This device will not only protect the blocker vehicle and emergency responders but will also protect the driver and occupants of the vehicle that strikes the device. Cost: Trailer, blocking wall, 2-fold out Scorpion TMAs, and one telescopic arrow sign.

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

Emergency response mobile barrier to function as a blocker on highway incident responses designed to protect emergency first responders from speeding vehicles. Tractor trailer design with a 45 foot trailer, Matrix signage board, 3,000 gallon water tank, Scorpion II truck mounted attenuator (TMA).

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

This project would provide additional resource availability at the largest incidents within the city and could be used to provide support to neighboring jurisdictions or anywhere under mutual aid.

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

Residents and visitors to the City of Delray Beach and nearby jurisdictions.

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

This project would protect the lives of the fire rescue and other response personnel as well as the public. This vehicle would prevent some collisions through increased warning and visibility and reduce the cost of collisions that occur with damage to this vehicle costing less to repair than the current fire apparatus serving in this role as blocking vehicle. Its use would prevent loss of use of current fire apparatus as has occurred numerous times in the past few years.

**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 funds will be used within months of approval to purchase a vehicle. No other contracts would be in place.

**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



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University or College

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**