



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1708

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

4. **Project/Program Description**

The intent of the program is to reduce the number of Firefighter cancer cases. This funding will allow for our Firefighters in Riviera Beach to possess a second set of bunker gear to be utilized when their primary set of gear has been contaminated with carcinogens that are a result of structural firefighting and must be decontaminated. In addition to allowing for proper decontamination of their primary set, this set will allow crews to expeditiously return to service with clean gear and provide our community the much needed services they deserve. With our current set of bunker gear reaching its end of life, this bunker is mission critical for our department.

5. **State Agency to receive requested funds**
- State Agency contacted?     Yes     No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="300,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
<b>Total State Funds Requested</b>	<b>300,000</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="300000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
<b>Matching Funds</b>		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>300,000</b>	<b>100</b> %

8. **Has this project previously received state funding?**     Yes     No
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 100%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

9. **Is future-year funding likely to be requested?**     Yes     No
- If yes, indicate nonrecurring amount per year.



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10. 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		<input type="text"/>
Other Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
<b>Operational Costs: Other</b>		
Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other	Firefighter Personal Protective Equipment to include Bunker Pants, Bunker Coat, Helmets, Protective Hoods, Gloves and Boots.	300,000
Consultants/Contracted Services/Study		<input type="text"/>
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		<input type="text"/>
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>300,000</b>



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#### 11. Program Performance

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

Firefighter cancer reduction. The funding would allow for the purchase of new firefighter personal protective equipment (Bunker Gear) which would better protect our men and women for the exposure to carcinogens during firefighting operations.

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

Firefighting, Hazardous Materials Response, Vehicle Extrication, Training, Scene Mitigation Community Risk Reduction to include Public Education, Public Demonstrations and Immediately Dangerous to Life and Health (IDLH) Inspections

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

Providing crews with an additional set of gear will insure a prompt return to service following an exposure/decontamination of known hazards.

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

Our intent is to serve our community as a whole. Currently our population is >30,000 residents. During peak business and commuter hours we would be servicing well above that number.

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

The expected benefit would be to better protect our men and women that serve our community from the exposure to known carcinogens during their normal expected duties. The measured outcome would be a reduction of cancer related cases amongst our Firefighters from the well studied national average.

- 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 in the contract?

Full repayment of the funds awarded.



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12. **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.**

MES Fire Equipment. MES Fire is the vendor of firefighting gear that has been through the competitive bid process and used by our organization in the past.

13. **Requestor Contact Information**

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. **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
  - Other (please specify)
- d. First Name  Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.