

LFIR # 1853

(yyyy-yy)	Recurring	Nor	recurring	Appropr	iation # \	etoed		
	most recent instance:		ng? ⊙ Y∈	Spec	eific		]	
-	previously received sta					0 .		
	osts for Fiscal Year 202	0-2021	3.0	000,000		0 %		
Other			1,0	00		0 %		
Local	the amount of this reque	J.	1 5	500,000		0 %		
	the amount of this reque	st)		00		0 %		
Matching Funds Federal	5			00		0 %		
	s Requested (from quest	uon #6)	1:	500000	50.	0 %		
Type of Fundin	_	··// O	Amoun		Percen	_		
•	st for Fiscal Year 2020-2	2021 (ind					for this proje	ct)
Total State Fun	ds Requested		1,5	500,000				
Fixed Capital Ou	utlay		1,5	500,000				
Operations				000				
Type of Fundin	g		Amoun	t				
	onrecurring Request fo	r Fiscal			Ī			
State Agency con	tacted? ○ Yes <b>●</b> I	Vo O						
State Agency to	receive requested fund	s Depa	artment of Fi	nancial S	Services			
	y had budgeted for through a mat prevented the reversion of t		_					
demolition/constructio	of temporary site on the ground n project. PLEASE NOTE FOR	QUESTIC	N 8: This reque	est is uniqu	e in that the	state h	ad previously app	oropi
will replace the 60 year	ar-old station to accommodate r	necessary	vehicles, equipr	nent, staffi	ng and slee	ping qua	arters; including d	demo
Project/Program The City of Plantation	<b>Description</b> wishes to construct a new Fire	Station 1	ocated at 5200	West Brow	vard Boulev	ard Pla	entation Florida 3	3317
Date of Request	12/09/2019							
Senate Sponsor	Lauren Book							

If yes, indicate nonrecurring amount per year.



LFIR # 1853

#### 10. Details on how the requested state funds will be expended

Spending Category Description	Amount
Administrative Costs:	
Executive Director/Project Head Salary and Benefits	
Other Salary and Benefits	
Expense/Equipment/ Travel/Supplies/Other	
Consultants/Contracted Services/Study	
Operational Costs: Other	
Salary and Benefits	
Expense/Equipment/ Travel/Supplies/Other	
Consultants/Contracted Services/Study	
Fixed Capital Construction/Major Renovation:	
Construction/Renovation/ Land/Planning  Construction of a replacement Fire Station 1; demolition of existing building; set up of temporary for to stage for 18 months for use during the demolition/construction project.	facilities 1,500,000
Engineering	
Total State Funds Requested (must equal total from question #6)	1,500,000



LFIR # 1853

1	1	Pr	ogi	ram	Pe	erf	or	m	ar	ıc	е

1.	Program Performance
a.	What specific purpose or goal will be achieved by the funds requested?
	Construction of a new Fire Station 1 to replace a 60 year-old station that cannot accommodate necessary vehicles, equipment, staffing and sleeping quarters and does not meet building code. Project includes demolition of existing building; use of temporary site on the grounds of old station; and the use of temporary facilities to stage for 18 months during the demolition/construction project.
b.	What activities and services will be provided to meet the intended purpose of these funds?
	Construction of a replacement Fire Station 1; demolition of existing building; set up of temporary facilities to stage for 18 months for use during the demolition/construction project.
c.	What direct services will be provided to citizens by the appropriation project?
	Citizens will benefit from enhanced emergency response times with a facility able to accommodate needed volume of vehicles, volunteer staff, and equipment to adequately service the growing population.
d.	Who is the target population served by this project? How many individuals are expected to be served?
	Approximately 94,000 City residents as well as business owners and visitors within the City, located in the heart of Broward County.
e.	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
	An updated Fire Station that meets all codes and regulations to better serve our citizenry.
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?
	Lack of constructed facility.



LFIR # 1853

Ci	ity of Plantation			
Re	equestor Contac	t Information		
a.	First Name	Dawn	Last Name	Mehler
Э.	Organization	City of Plantation		
Э.	E-mail Address	dmehler@plantation.org		
d.	Phone Number	(954)797-2723	Ext.	
Re	ecipient Contact	Information		
a.	Organization	City of Plantation		
b.	Municipality and	County Broward		
C.	Organization Typ	pe		
	For-profit E	ntity		
	O Non-Profit	501(c) (3)		
	O Non-Profit	501(c) (4)		
	<ul><li>Local Entity</li></ul>	•		
	O University of	or College		
	Other (plea	se specify)		
d.	First Name	Dawn	Last Name	Mehler
e.	E-mail Address	dmehler@plantation.org		
	Phone Number			
Lo	obbyist Contact I	nformation		
a.	Name	Candice Ericks		
b.	Firm Name	ERicks Consultants, Inc		
c.	E-mail Address	Candice@ericksconsultants.com		
Ч	Phone Number	(850)9338775	Ext.	