



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 2140

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. Project/Program Description

The Town of Highland Beach (Town) will provide 24-hour, four-vehicle Fire Rescue and emergency response services on State Road A1A. It will double its two-bay Fire Station, and offer a safety, health, and wellness checkpoint for residents. The station will be a full EOC up to Category 5 Hurricanes, allowing staff to remain on the 3-mile barrier island during storms. It will mitigate sea-level rise projections, climate-change and coastal vulnerability.

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

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	800,000
Total State Funds Requested	800,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	800,000	19%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	3,500,000	81%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	4,300,000	100%

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

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

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

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?**

No



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

11. 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	For construction of a fully operational Firehouse and Hurricane-Category 5 Emergency Operations Center that will withstand sea-level rise projections, climate-change and coastal vulnerability.	800,000
Total State Funds Requested (must equal total from question #6)		800,000

12. Program Performance

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

The Highland Beach Fire Department will provide 24-hour, four-vehicle Fire Rescue and emergency response services on State Road A1A. It will double its two-bay Fire Station, and offer a safety, health, and wellness checkpoint for residents. The station will be a full EOC up to Category 5 Hurricanes, allowing staff to remain on the 3-mile barrier island during storms. It will mitigate sea-level rise projections, climate-change and coastal vulnerability.

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

Fire Rescue will provide: four trucks for fire rescue and medical transport, 24 personnel and Fire Chief. They will respond to incidents involving fire, beach, ocean and hurricanes. As well as offer public health, wellness and safety checkpoints and seminars.

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

A personal and infant safe haven checkpoint, vehicle, bicyclist and pedestrian safety locale, condo fire inspections, fire safety seminars, and an updated, expanded and resilient full-service Fire Rescue Station.

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

General public and more so elderly persons, persons with poor mental and/or physical health, economically disadvantaged persons, developmentally disabled, physically disabled, preschool students, grade school students, high school students and university/college students. The Town of Highland Beach (Town) has approximately 8,000 residents during season.

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



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Project will provide a full time emergency personnel at the station located in the center of Town, which will allow staff to be able to respond to physical emergencies instantaneously by having a fully operational station. Residents will be covered for emergency services, 24 hours a day with rescue vehicles not leaving Town for other services. The station will serve as an emergency operations center in hurricanes. Residents will benefit from fire and public health seminars, inspections and increased communications by having their own Fire Rescue. The station will have a fully staffed safe haven operation. The method for measuring the outcome will be determined by the emergency response times being greatly reduced and the EOC will provide in- house storm management.

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 of Highland Beach (Town) residents will be subjected to compromised health, safety, security and welfare without a fully operational Firehouse and Hurricane-Category 5 Emergency Operations Center in Town. Currently, residents are at risk from having fire trucks and medical transports leaving their Town Fire Station devoid of Emergency Vehicles and emergency personnel to answer calls out of town 52 percent of the time. Penalties include lack or slowed of fire and rescue response to residents.

13. 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.

Owner is Town of Highland Beach.



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number