

LFIR # 2893

1. Project Title	Oakland Park F	Fire Station #20			
2. Senate Sponsor	Rosalind Osgoo	od			
3. Date of Request	03/06/2023				
4. Project/Program D	Description				
will create a resilier addition, schools, or	nt facility that can be laycare centers, sei	e counted on to prov nior facilities, and me	d critical facility. The re ide emergency respon edical facilities are loca ders and future commu	se for approx. 17,0 ated in the coverage	00 residents. In a area for the Station
5. State Agency to re	eceive requested f	unds Departm	ent of Financial Servic	es	
State Agency cont	acted? Yes				
6. Amount of the Nor		t for Fiscal Year 20	23-2024		
	mecurring Neques	tioi i iscai i eai 20			
Type of Funding			Amou		
Operations Fixed Capital Outla	W.			250,000	
Total State Funds				250,000	
Total Glato I allas	- Roquootou			200,000	
•	for Fiscal Year 20	23-2024 (including	matching funds avail		ect)
Type of Funding		(10)	Amount	Percentage	
	Requested (from qu	lestion #6)	250,000	18%	
Matching Funds Federal			004.972	64%	
	e amount of this red	ruoct)	904,872	0%	
Local	e amount of this rec	(uest)	250,000	18%	
Other			0	0%	
	to for Fiscal Voor	2022 2024	1,404,872	100%	
Total Project Cost 8. Has this project p		•	No 1,404,672	100 /8	
Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
9. Is future funding I	ikely to be reques	ted?	No		
a. If yes, indicate nonrecurring amount per year.					
	_		iou of state funding		
b. Describe the so	ource of funding tr	iat can be used in i	ieu of state funding.		
10. Has the entity re	questing this proje	ect received any fed	deral assistance relat	ed to the COVID-1	19 pandemic?
No					



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

Complete questions 11 and 12 for Fixed Capital Outlay Projects

a. What is the current phase of the project?			
OPlanning	Design	Construction	
b. Is the projec	t "shovel read	y" (i.e permitted)?	No

c. What is the estimated start date of construction?

10/1/2023

d. What is the estimated completion date of construction?

12/31/2024

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.

City of	Oakland Park	
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11. Status of Construction

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/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Funding will be used for contractual services for hardening of the exterior and renovation of the interior of the fire station by a construction contractor.	250,000
Total State Funds Requested (m	ust equal total from question #6)	250,000

14. Program Performance

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

The proposed project will result in a modern and hardened critical facility. The renovation of Oakland Park Fire Station 20 will create a resilient facility that can be counted on to provide emergency response for approx. 17,000 residents. In addition, schools, daycare centers, senior facilities, and medical facilities are located in the coverage area for the Station. The project will also allow for enhanced training of responders and future community access space for events and programming.



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

Funding will be used for contractual services for hardening of the exterior and renovation of the interior of the fire station by a construction contractor.

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

The project will provide improved emergency response for over 17,000 residents. The ability of the firefighters and their equipment to train and function effectively both during normal operations and during a disaster is critical in protecting public safety and property.

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

The target population is the several areas of the City of Oakland Park. The project will impact approx. 17,000 residents.

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

The project will provide emergency medical response and fire protection for over 17,000 residents and hundreds of businesses and critical facilities. This includes schools, daycare centers, senior facilities, and medical facilities that are located in the coverage area for the Station. In addition, the Station is the closest to the Fort Lauderdale Executive Airport.

The most effective method for measuring the benefits of the project will be the improved operation and response of the personnel during emergency situations. The City of Oakland Park will continue to evaluate response times and outcomes and compare them to prior data to measure the benefit the project has for the public.

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?

Potential penalties for not meeting deliverables or completing the project could include reduction or cancellation of funds appropriated.

15. Requester Contact	Informat	ion		
a. First Name	Sierra		Last Name	Marrero
b. Organization	City of Oa	akland Park		
c. E-mail Address	sierra.ma	rrero@oaklandpa	arkfl.gov	
d. Phone Number	(954)630	-4479	Ext.	
16. Recipient Contact	Informatio	on		
a. Organization	City of Oa	akland Park		
b. Municipality and County Broward				
c. Organization Ty	ре			
□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	Claudelle	Last Name	Rose	
e. E-mail Address	claudelle.rose@oaklandpa	arkfl.gov		
f. Phone Number	(954)630-4408			
Lobbyist Contact Information				
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17.

Lobbyist Contact information			
a. Name Russell H. Klenet			
b. Firm Name	Russ Klenet & Associates		
c. E-mail Address	russ@rkna.net		
d. Phone Number	(954)684-9255		