

**LFIR # 1598** 

|                                               |                                                                     |                      |                                                             | 1                                         |                                                |
|-----------------------------------------------|---------------------------------------------------------------------|----------------------|-------------------------------------------------------------|-------------------------------------------|------------------------------------------------|
| 1. Project Title                              | Highland Beach                                                      | First Responder      | Marine Support                                              |                                           |                                                |
| 2. Senate Sponsor                             | Lori Berman                                                         |                      |                                                             |                                           |                                                |
| 3. Date of Request                            | 2/21/2025                                                           |                      |                                                             |                                           |                                                |
| 4. Project/Program D                          | escription                                                          |                      |                                                             |                                           |                                                |
| law enforcement pr                            | arine dock to ensure<br>esence on the Intraces<br>for medical emerg | coastal Waterway     | orce laws on the waterway<br>(ICW) and the Atlantic (<br>W. | lys of Highland Bea<br>Ocean, and provide | ach, maintain a visible<br>immediate access to |
| 5. State Agency to re                         | ceive requested fu                                                  | ı <b>nds</b> Depar   | tment of Law Enforceme                                      | ent                                       |                                                |
| State Agency cont                             | acted? No                                                           |                      |                                                             |                                           |                                                |
| 6. Amount of the Non                          |                                                                     | for Fiscal Year      | _                                                           |                                           | 1                                              |
| Type of Funding                               |                                                                     |                      | Amo                                                         | unt<br>O                                  |                                                |
| Operating Fixed Capital Outla                 |                                                                     |                      |                                                             | 500,000                                   |                                                |
| Total State Funds                             |                                                                     |                      |                                                             | 500,000                                   | Ī                                              |
| Type of Funding                               | for Fiscal Year 202                                                 | 5-2026 (includir     | ng matching funds avai                                      | Percentage                                | <b>϶ϲτ</b> )<br>]                              |
|                                               | Requested (from que                                                 | estion #6)           | 500,000                                                     | 25%                                       |                                                |
| Matching Funds                                |                                                                     | , ,                  | ,                                                           |                                           |                                                |
| Federal                                       |                                                                     |                      | 0                                                           | 0%                                        |                                                |
| State (excluding the                          | e amount of this requ                                               | uest)                | 0                                                           | 0%                                        |                                                |
| Local                                         |                                                                     |                      | 1,000,000                                                   | 50%                                       |                                                |
| Other                                         |                                                                     |                      | 500,000                                                     | 25%                                       |                                                |
| <b>Total Project Cost</b>                     | s for Fiscal Year 20                                                | 025-2026             | 2,000,000                                                   | 100%                                      |                                                |
| 8. Has this project pr<br>If yes, provide the | eviously received most recent instar                                | •                    | No                                                          |                                           |                                                |
| Fiscal Year<br>(уууу-уу)                      | Ame<br>Recurring                                                    | ount<br>Nonrecurring | Specific Appropriation #                                    | Vetoed                                    |                                                |
| (3333 337                                     | Recurring                                                           | Nonrecurring         |                                                             |                                           |                                                |
| 9. Is future-year fund                        | ling likely to be req                                               | uested?              | No                                                          |                                           |                                                |
| a. If yes, indicate r                         | nonrecurring amou                                                   | nt per year.         |                                                             |                                           |                                                |
| b. Describe the so                            | urce of funding the                                                 | at can be used i     | n lieu of state funding.                                    |                                           | 7                                              |
|                                               |                                                                     |                      |                                                             |                                           |                                                |
|                                               |                                                                     |                      |                                                             |                                           |                                                |

### **Complete questions 10 and 11 for Fixed Capital Outlay Projects**

10. Status of Construction



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| a. \ | What is the cur  | rent phase of the  | project?                                   |           |                              |               |                 |
|------|------------------|--------------------|--------------------------------------------|-----------|------------------------------|---------------|-----------------|
| (    | Planning         | O Design           | Construction                               | O N/A     |                              |               |                 |
| b.   | s the project "s | shovel ready" (i.e | e permitted)?                              |           | No                           |               |                 |
| c. \ | What is the esti | mated start date   | of construction?                           |           | 10/01/2025                   |               |                 |
| d.   | What is the esti | imated completion  | on date of construc                        | ction?    | 08/01/2026                   |               |                 |
| e. ' | What funding s   | tream will be use  | ed for ongoing ope                         | rations a | nd maintenance of            | the project?  |                 |
| G    | eneral Fund      |                    |                                            |           |                              |               |                 |
|      | _                |                    |                                            |           |                              |               |                 |
|      |                  |                    | eceive, directly or<br>of the facility and |           | y, any fixed capital (<br>/. | outlay fundir | ng. Include the |
| ľ    | Marshall Labadie | e, Town Manager    | for the Town of High                       | nland Bea | ch                           |               |                 |

### 12. 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/<br>Other           |                                                                                                                                                                                                                                                                                                                                                                                  | 0       |  |
| Consultants/Contracted<br>Services/Study              |                                                                                                                                                                                                                                                                                                                                                                                  | 0       |  |
| Operational Costs                                     |                                                                                                                                                                                                                                                                                                                                                                                  |         |  |
| Salary and Benefits                                   |                                                                                                                                                                                                                                                                                                                                                                                  | 0       |  |
| Expense/Equipment/Travel/Supplies/Other               |                                                                                                                                                                                                                                                                                                                                                                                  | 0       |  |
| Consultants/Contracted<br>Services/Study              |                                                                                                                                                                                                                                                                                                                                                                                  | 0       |  |
| Fixed Capital Construction/Majo                       | r Renovation:                                                                                                                                                                                                                                                                                                                                                                    |         |  |
| Construction/Renovation/Land/<br>Planning Engineering | Awarded contractor will construct marine dock based on design provided by engineering firm. Design will include high speed boat lift, water level marine access with wave attenuators and ramp access, elevated walkway on friction piles, electronic signage powered by solar and battery, shaded pergola, locking security gate at waterline, and 12x12 bathroom with storage. | 500,000 |  |
| Total State Funds Requested (m                        | ust equal total from question #6)                                                                                                                                                                                                                                                                                                                                                | 500,000 |  |

### 13. Program Performance

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

To build a police marine dock to ensure safety and enforce laws on the waterways of Highland Beach, maintain a visible law enforcement presence on the Intracoastal Waterway (ICW) and the Atlantic Ocean, and provide immediate access to Fire/Rescue services for medical emergencies on the ICW.

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



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Improve treatment of patients experiencing medical emergencies on the ICW by providing immediate access to Fire/Rescue services. Enhance safety for boaters through timely safety messages relayed via message sign board at the dock. Offer a public dock facility in Highland Beach, which currently does not exist.

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

Enhance response time to waterway incidents due to the close proximity of the police department to the dock facility and provide timely emergency medical rescue/services.

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

Elderly persons, persons with poor physical health, all boaters traveling through the ICW in Highland Beach and neighboring law enforcement agencies. Greater than 800 people are expected to be served.

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

To reduce amount of fatal boating accidents and other emergency or unlawful incidents within three miles of the ICW and the Atlantic Ocean in Highland Beach. Outcomes can be measured by analyzing the improved emergency response times to incidents occurring in the ICW between Delray Beach and Boca Raton.

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?

The Town plans to take corrective action in the event that deliverables or performance measures are not met. Additionally, any funding or appropriations provided by the state will be refunded.

|          | issueriamy; any rantamy or appropriations provided by the state in the relations.                        |
|----------|----------------------------------------------------------------------------------------------------------|
| 14. Is t | his project related to mitigation, response, or recovery from a natural disaster? No                     |
| a. If    | Yes, what phase best describes the project?                                                              |
|          | Mitigation (reducing or eliminating potential loss of life or property)                                  |
|          | Response (addressing the immediate and short-term effects of a natural disaster)                         |
|          | Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure) |
| b. N     | ame of the natural disaster (or Executive Order # for events not under a federal declaration):           |
|          |                                                                                                          |
| 15. Ha   | s the entity applied for or received federal assistance for this project?                                |
| <b>"</b> | Yes, Applied                                                                                             |
| <b>"</b> | Yes, Received                                                                                            |
|          | No                                                                                                       |
|          | No, but intends to apply                                                                                 |
| a. If    | yes, provide the FEMA project worksheet ID#:                                                             |
|          |                                                                                                          |
| b. P     | rovide the total project cost listed on the FEMA project worksheet:                                      |
|          |                                                                                                          |
|          |                                                                                                          |

16. Has the entity applied for or received state assistance for this project (other than this request)?



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| ☐ Yes, Applied                        |                                     |                |                        |              |
|---------------------------------------|-------------------------------------|----------------|------------------------|--------------|
| ☐ Yes, Received                       |                                     |                |                        |              |
| □ No                                  |                                     |                |                        |              |
| ☐ No, but intends to                  | o apply                             |                |                        |              |
| a. If yes, specify the Commerce):     | e program and state ager            | ncy (ex. Loca  | al Government Emergenc | y Bridge Loa |
| Florida Inland Navi                   | igation District (FIND) Matc        | hing Grant - S | \$50,000               |              |
|                                       |                                     |                |                        |              |
| 17. Requester Contact                 | t Information                       | _              |                        | 7            |
| a. First Name                         | Marshall                            | Last Name      | Labadie                |              |
| b. Organization                       | Town of Highland Beach              |                |                        |              |
| c. E-mail Address                     | mlabadie@highlandbeach              | n.us           |                        |              |
| d. Phone Number                       | (561)278-4548                       | Ext.           |                        |              |
| 18. Recipient Contact a. Organization | Information  Town of Highland Beach |                |                        |              |
| b. Municipality and                   | _                                   |                |                        |              |
|                                       | -                                   |                |                        |              |
| c. Organization Ty                    | -                                   |                |                        |              |
| □For Profit Entity                    |                                     |                |                        |              |
| □Non Profit 501(c                     | c)(3)                               |                |                        |              |
| □Non Profit 501(c                     | c)(4)                               |                |                        |              |
| ☑Local Entity                         |                                     |                |                        |              |
| □University or Co                     | ollege                              |                |                        |              |
| □Other (please sp                     | pecify)                             |                |                        |              |
| d. First Name                         | Maraball                            | Loot Name      | Labadia                | ]            |
| e. E-mail Address                     | Marshall                            | Last Name      | Lavaule                | ]            |
|                                       | - 3                                 | 7              |                        | ]            |
| f. Phone Number                       | (561)278-4548                       | Ext.           |                        | ]            |
| 19. Lobbyist Contact I                |                                     |                |                        |              |
| a. Name                               | Jared Rosenstein                    |                |                        |              |
| b. Firm Name                          | Capital City Consulting L           | LC             |                        |              |
| c. E-mail Address                     |                                     |                |                        | 1            |
| d. Phone Number                       | (786)247-8716                       |                |                        |              |



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The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.