

1. Project Title

## The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

Miramar Fire Rescue - Special Operations Vehicle

**LFIR # 1632** 

2.	Senate Sponsor	Barbara Sharief							
3.	Date of Request	2/5/2025							
4.	Project/Program De	escription							
	apparatus that will er safeguard the lives o	nhance the respons of the residents and The SOV can be contained tools that would tele can convert into	e and mitigat visitors to the deployed at a uld otherwise a rehab unit	ion capa City of ny time be ware for firef	abilities of the Fire- Miramar and effect an emergency may ehoused in different ighters and first res	Rescue Department tively protect the pro- dictate the use of a tocations thus delated ponders during extended	ended firefighting		
5.	State Agency to rec	eive requested fu	nds De	partmer	nt of Financial Servi	ces			
	State Agency contact	cted? No							
6. /	Amount of the Nonre	ecurring Request	for Fiscal Ye	ear 2025	5-2026				
	Type of Funding				Amount				
	Operating					500,000			
	Fixed Capital Outlay				0				
	<b>Total State Funds R</b>	Requested			500,000				
_									
7.	•	or Fiscal Year 202	5-2026 (inclu	ding m	atching funds ava	ilable for this proj	ect)		
7.	Type of Funding		`	ding m	Amount	Percentage	ect)		
7.	Type of Funding Total State Funds Re		`	ding m			ect)		
7.	Type of Funding Total State Funds Re		`	ding m	Amount 500,000	Percentage 50%	ect)		
7.	Type of Funding Total State Funds Re Matching Funds Federal	equested (from que	stion #6)	ding m	Amount 500,000	Percentage 50%	ect)		
7.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the	equested (from que	stion #6)	ding m	Amount 500,000	Percentage 50% 0% 0%	ect)		
<b>7.</b> '	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local	equested (from que	stion #6)	ding m	Amount 500,000 0 0 500,000	Percentage 50% 0% 0% 50%	ect)		
7.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other	equested (from que amount of this requ	stion #6)	ding m	Amount 500,000 0 0 500,000 0	Percentage 50% 0% 0% 50% 50%	ect)		
7.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local	equested (from que amount of this requ	stion #6)	ding m	Amount 500,000 0 0 500,000	Percentage 50% 0% 0% 50%	ect)		
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	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the n	equested (from que amount of this requ for Fiscal Year 20	est)  25-2026  state funding ce:	j? [	Amount 500,000  0 0 500,000 0 1,000,000 No	Percentage 50% 0% 0% 50% 50%	ect)		
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	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the n	equested (from que amount of this requ for Fiscal Year 20 eviously received s most recent instan	est)  25-2026  state funding ce:	]? [	Amount 500,000  0 0 500,000 0 1,000,000 No	Percentage 50% 0% 0% 50% 100%	ect)		
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the matching Fiscal Year (yyyy-yy)	amount of this requested (from quested (from quested (from quested experience))  for Fiscal Year 20  eviously received services and the content instantantantantantantantantantantantantant	est)  25-2026  State funding ce:  Nonrecurr	j? [	Amount 500,000  0 500,000 0 1,000,000 No Specific Appropriation #	Percentage 50% 0% 0% 50% 100%	ect)		
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the n	amount of this requested (from quested (from quested (from quested experience))  for Fiscal Year 20  eviously received services and the content instantantantantantantantantantantantantant	est)  25-2026  State funding ce:  Nonrecurr	j? [	Amount 500,000  0 0 500,000 0 1,000,000 No	Percentage 50% 0% 0% 50% 100%	ect)		
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the matching Fiscal Year (yyyy-yy)	equested (from que amount of this requested for Fiscal Year 20 eviously received somost recent instan Amo Recurring	est)  25-2026  State funding ce:  Nonrecurr	j? [	Amount 500,000  0 500,000 0 1,000,000 No Specific Appropriation #	Percentage 50% 0% 0% 50% 100%	ect)		
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the n Fiscal Year (уууу-уу) Is future-year funding	equested (from que amount of this requested for Fiscal Year 20 eviously received somost recent instantantal Recurring and likely to be requested to the requested for the requ	estion #6)  25-2026  State funding ce:  Nonrecurr  uested?  nt per year.	j? [	Amount 500,000  0 500,000 0 1,000,000 No Specific Appropriation #	Percentage 50% 0% 0% 50% 100%	ect)		



10. Status of Construction

a. What is the current phase of the project?

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500,000

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

Planning	Construction N/A	A	
b. Is the project "shovel ready" (	(i.e permitted)?		
c. What is the estimated start da	te of construction?		
d. What is the estimated comple	tion date of construction?		
e. What funding stream will be u	sed for ongoing operations	and maintenance of the project?	
List the owners of the facility to relationship between the owners.  Details on how the requested st	rs of the facility and the ent	tly, any fixed capital outlay fundir ity.	ng. Include the
Spending Category		Description	Amount
Administrative Costs:			
Executive Director/Project Head Salary and Benefits			0
Other Salary and Benefits			(
Expense/Equipment/Travel/Supplies/ Other			C
Consultants/Contracted Services/Study			С
Operational Costs			
Salary and Benefits			C
Expense/Equipment/Travel/Supplies/ Other	Purchase of fire rescue spec	ial operations vehicle (SOV)	500,000
Consultants/Contracted Services/Study			C
Fixed Capital Construction/Majo	r Renovation:		
Construction/Renovation/Land/			

### 13. Program Performance

Planning Engineering

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

Total State Funds Requested (must equal total from question #6)

This project is intended for new service to provide a Special Operations Vehicle (SOV) for citywide Emergency. A SOV is a type of apparatus that will enhance the response and mitigation capabilities of the Fire-Rescue Department in its committed duty to safeguard the lives of the residents and visitors to the City of Miramar and effectively protect the properties and structures within its boundaries. The SOV can be deployed at any time an emergency may dictate the use of a vehicle specialized to house a command type structure within the City. This will assist the growing City to reach and maintain the required emergency response time.



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

The vehicle will be outfitted with computers, communications, surveillance and weather station equipment to assist in effective incident command operations. The convertibility of the vehicle will allow for risk reduction and response to emergencies. This vehicle may be utilized as an Arson command center during structure fires and investigations. The use of the SOV during extreme emergencies as a Critical Response Vehicle would be invaluable to our citizens, as it would facilitate the recovery and mitigation of any incident by having on scene support and direction as needed.

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

A SOV is a type of apparatus that will enhance the response and mitigation capabilities of the Fire-Rescue Department in its committed duty to safeguard the lives of the residents and visitors to the City of Miramar and effectively protect the properties and structures within its boundaries and wherever needed from a state regional aspect.

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

The City of Miramar and its surrounding cities for example, City of Pembroke Pines, City of Hollywood, City of West Park and City of Miami Gardens.

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

The use of the SOV during extreme emergencies as a Critical Response Vehicle would be invaluable to our citizens, as it would facilitate the recovery and mitigation of any incident by having on scene support and direction as needed. The efficient deployment of supervision to these critical scenes historically accounts for a rapid and efficient overall recovery thus minimizing cost and expenditures.

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?



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b. Provide the total	project c	ost listed on the	e FEMA proj	ect workshe	et:		
16. Has the entity app	olied for o	r received state	assistance	for this proje	ct (other than	this request	:)?
☐ Yes, Applied							
☐ Yes, Received							
□ No							
☐ No, but intends to	o apply						
a. If yes, specify the Commerce):		n and state agen	ncy (ex. Loc	al Governme	nt Emergency	Bridge Loa	n, Department c
17. Requester Contact	t Informat	ion	7				
a. First Name	Roy		Last Name	Virgin			
b. Organization	b. Organization City of Miramar  c. E-mail Address dlcampbell@miramarfl.gov						
c. E-mail Address							
d. Phone Number	(954)602	2-3119	Ext.				
18. Recipient Contact	Informati	on					
a. Organization	City of M						
b. Municipality and							
c. Organization Ty	pe				_		
□For Profit Entity	-						
□Non Profit 501(d							
□Non Profit 501(d	J)(4)						
☑Local Entity							
□University or Co	llege						
□Other (please sp	pecify)						
d. First Name	Debon		Last Name	Campbell			
e. E-mail Address	dlcampb	ell@miramarfl.go	V				
f. Phone Number	(954)602	<u>!-3119</u>	Ext.				
19. Lobbyist Contact I	nformatio	on					

Oneca Lowery

a. Name



## The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

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b. Firm Name	The Southern Group	
c. E-mail Address	lowery@thesoutherngroup.com	
d. Phone Number	(850)671-4401	

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