

**LFIR # 1820** 

3. Date of Request	2/25/2025						
4. Project/Program D	•						
and house the Police unsustainable. The	ce Department. Cu new LEED-certifie 5 storms, resist flo	rrently, emerger d EOC will enha ooding, and prev	ncy op ance p rent fii	perations are relocate preparedness, manag re damage. It will also	d to a corporate pa jement, and respon	er (EOC) for residents irtner's building, which is ise, designed to jical needs and include	
5. State Agency to re	eceive requested f	f <b>unds</b> Divi	ision c	of Emergency Manag	ement		
State Agency cont	acted? No						
6. Amount of the Nor	nrecurrina Reques	st for Fiscal Ye	ar 202	25-2026			
Type of Funding	3 14			Amo	unt		
Operating				Allio	0		
Fixed Capital Outla	· "				1,000,000		
	Total State Funds Requested			1,000,000			
	•				·	•	
7. Total Project Cost	for Fiscal Year 20	25-2026 (inclu	ding r	matching funds avai	lable for this proj	ect)	
7. Total Project Cost  Type of Funding	for Fiscal Year 20	25-2026 (inclu	ding r	natching funds avai	lable for this proje	ect)	
•		`	ding r			ect)	
Type of Funding		`	ding r	Amount	Percentage	ect)	
Type of Funding Total State Funds F Matching Funds Federal	Requested (from qu	uestion #6)	ding r	Amount	Percentage 22% 0%	ect)	
Type of Funding Total State Funds F Matching Funds Federal State (excluding the	Requested (from qu	uestion #6)	ding r	Amount 1,000,000	Percentage 22% 0% 0%	ect)	
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local	Requested (from qu	uestion #6)	ding r	Amount 1,000,000 0 0 3,500,000	Percentage 22% 0% 0% 78%	ect)	
Type of Funding Total State Funds F Matching Funds Federal State (excluding the	Requested (from qu	uestion #6)	ding r	Amount 1,000,000	Percentage 22% 0% 0%	ect)	
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local	Requested (from quested (from	uestion #6) quest)	ding r	Amount 1,000,000 0 0 3,500,000	Percentage  22%  0%  0%  78%	ect)	
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost	Requested (from que amount of this recess for Fiscal Year 2	quest)		Amount 1,000,000  0 0 3,500,000 0 4,500,000	Percentage  22%  0%  0%  78%  0%	ect)	
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost  8. Has this project product of the project of the project of the project project product of the project projec	Requested (from que amount of this received services)	question #6)  quest)  2025-2026  d state funding		Amount 1,000,000 0 0 3,500,000 0	Percentage  22%  0%  0%  78%  0%	ect)	
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost	Requested (from que amount of this received services)	question #6)  quest)  2025-2026  d state funding		Amount 1,000,000  0 0 3,500,000 0 4,500,000	Percentage  22%  0%  0%  78%  0%	ect)	
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost  8. Has this project profit of the project provide the Fiscal Year	Requested (from que amount of this received free free free free free free free fr	question #6)  quest)  2025-2026  d state funding		Amount  1,000,000  0 0 3,500,000 0 4,500,000 No Specific	Percentage  22%  0%  0%  78%  0%	ect)	
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost  8. Has this project profit of the project provide the local total provide the local total project provide the local provide the loca	Requested (from que amount of this received free free free free free free free fr	question #6)  quest)  2025-2026  d state funding ance:	?	Amount 1,000,000  0 0 3,500,000 0 4,500,000	Percentage  22%  0% 0% 78% 0% 100%	ect)	
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost  8. Has this project profit of the project provide the Fiscal Year	Requested (from quested (from quested (from quested (from quested (from quested amount of this redefined amount of this r	question #6)  quest)  2025-2026  d state funding ance:	?	Amount  1,000,000  0 0 3,500,000 0 4,500,000 No Specific	Percentage  22%  0% 0% 78% 0% 100%	ect)	
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost  8. Has this project profit of the Local figure of the	Requested (from questions amount of this recovery services of the services of	question #6)  question #6)  2025-2026  d state funding ance:  Nonrecurri	?	Amount 1,000,000  0 3,500,000 0 4,500,000 No Specific Appropriation #	Percentage  22%  0% 0% 78% 0% 100%	ect)	
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost  8. Has this project profit of the project provide the Fiscal Year	Requested (from questions amount of this recovery services of the services of	question #6)  question #6)  2025-2026  d state funding ance:  Nonrecurri	?	Amount  1,000,000  0 0 3,500,000 0 4,500,000 No Specific	Percentage  22%  0% 0% 78% 0% 100%	ect)	
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost  8. Has this project profit of the Local figure of the	Requested (from quested amount of this reduced for Fiscal Year 2 reviously received most recent instance and Recurring	question #6)  question #6)  2025-2026  d state funding ance:  Nonrecurrice equested?	?	Amount 1,000,000  0 3,500,000 0 4,500,000 No Specific Appropriation #	Percentage  22%  0% 0% 78% 0% 100%	ect)	



**LFIR # 1820** 

a. What is the cu		he project?		
<ul><li>Planning</li></ul>	Design	Construction N/	Α	
b. Is the project	"shovel ready" (	i.e permitted)?	No	
c. What is the es	stimated start da	te of construction?	10/01/2025	
d. What is the es	stimated comple	tion date of construction?	09/30/2029	
e. What funding	stream will be u	sed for ongoing operations	and maintenance	of the project?
		o receive, directly or indirects of the facility and the en		tal outlay funding. Include the
The facility will	be owned and op	erated by the Town of Cutler	Bay.	

### 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/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
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	Design, Permitting, Construction and Construction, Engineering, and Inspection (CEI) of the Cutler Bay Emergency Operations Command Center	1,000,000
Total State Funds Requested (m	ust equal total from question #6)	1,000,000

### 13. Program Performance

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

The proposed project aims to establish the Town's first Emergency Operations Command Center to reduce or eliminate existing operational gaps in the Town's emergency response action plan. The new Emergency Operations Center will improve coordination between the Town and neighboring communities. It will improve the Town's resilience by protecting the Town's critical operations such as technology, police department, and emergency management coordinators.

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

The Town proposes constructing an approximately 14,000 square foot emergency operations command center. The building will be constructed to meet LEED Gold-Level Certification and withstand a Category 5 Hurricane.



**LFIR # 1820** 

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

The Town's project will protect public health and improve the Town's ability to re-establish community lifelines after a disaster. The primary critical lifelines associated with this project include safety and security, energy, and communications.

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

The project is part of the Town of Cutler Bay's comprehensive approach to emergency management. The Town's population is 43,958 (Census 2022).

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

The project fosters public trust as the community will have a dedicated emergency operations center to improve the Town's resilience and sustainability. The project's success will be measured by the development of one (1) Town of Cutler Emergency Operations Command Center.

The Town will not be reimbursed for project activities that do not meet the deliverables or performance measures.

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?

14. Is this 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. Name of the natural disaster (or Executive Order # for events not under a federal declaration): 15

<ol><li>Has the entity applied for or received federal assistance for this projec</li></ol>	t?
☐ Yes, Applied	
☐ Yes, Received	
□ No	
☐ No, but intends to apply	
a. If yes, provide the FEMA project worksheet ID#:	
b. Provide the total project cost listed on the FEMA project worksheet:	
b. Frovide the total project cost listed on the reliain project worksheet.	

☐ Yes, Applied

☐ Yes, Received



**LFIR # 1820** 

□ No						
	o opply					
☐ No, but intends to						
a. If yes, specify the Commerce):	e program and state	agency (ex. Loca	I Government	Emergency	/ Bridge Loa	n, Department of
,						
17. Requester Contact	Information					
a. First Name	Rafael	Last Name	Casals			
b. Organization	Town of Cutler Bay					
c. E-mail Address	rcasals@cutlerbay-fl.	gov				
d. Phone Number	(305)234-4262	Ext.				
18. Recipient Contact						
a. Organization	Town of Cutler Bay					
b. Municipality and	d County Miami-Dad	le				
c. Organization Ty	ре					
□For Profit Entity						
□Non Profit 501(c	c)(3)					
□Non Profit 501(c	c)(4)					
☑Local Entity						
□University or Co	llege					
□Other (please sp	pecify)					
d. First Name	Rafael	Last Name	Casals			
e. E-mail Address	rcasals@cutlerbay-fl.	gov				
f. Phone Number	(305)234-4262	Ext.				
19. Lobbyist Contact I	nformation					
a. Name	Jonathan P. Kilman					
b. Firm Name	Converge Governme	ent Affairs of Floric	la, Inc.			
c. E-mail Address	jonathan@converge	gov.com				
d. Phone Number	(305)423-4131					



**LFIR # 1820** 

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