

LFIR # 1835

1. Project Title	Coconut Creek - Fleet	t Building Reh	abilitation		
2. Senate Sponsor	Tina Polsky				
3. Date of Request	2/26/2025				
4. Project/Program De	escription				
rehabilitation. This prevents including roof strengthening the sul	roject will structurally stre replacement, adding im b-structure. The facility s r of operations and servio	engthen and hapact resistant services the Ci	arden the building aga bay doors, impact rate ty's police, fire, param	ainst natural disast ed egress doors, a nedic, and mainten	nd structural ance vehicles. Project
5. State Agency to rec	eive requested funds	Departm	ent of Commerce		
State Agency conta	cted? No				
6. Amount of the Nonr	ecurring Request for F	iscal Year 20	25-2026		
Type of Funding			Amoi	unt	
Operating				0	
Fixed Capital Outlay				800,000	
Total State Funds R	Requested			800,000	
7. Total Project Cost fo	or Fiscal Year 2025-202	26 (including	matching funds avai	lable for this proj	ect)
Type of Funding			Amount	Percentage	
Total State Funds Re	equested (from question	#6)	800,000	40%	
Matching Funds					
Federal			0	0%	1
, ,	amount of this request)		0	0%	†
Local Other			1,200,000	60% 0%	1
	for Fiscal Year 2025-20	000		100%	1
8. Has this project pre	eviously received state most recent instance:		2,000,000	100 /6	I
Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring No	onrecurring	Appropriation #		
a. If yes, indicate no	ng likely to be requeste onrecurring amount pe arce of funding that can	er year.	No lieu of state funding.		
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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction		
a. What is the current phase of the project?		
○ Planning	//A	
b. Is the project "shovel ready" (i.e permitted)?	No	
c. What is the estimated start date of construction?	10/01/2025	
d. What is the estimated completion date of construction?	10/01/2026	
e. What funding stream will be used for ongoing operation	s and maintenance of t	he project?
Local Funding		
11. List the owners of the facility to receive, directly or indire relationship between the owners of the facility and the en	ectly, any fixed capital cation	outlay funding. Include the
City of Coconut Creek		

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	Structural hardening of building sub-structure, Vehicular bay door replacement with impact resistant roll-up doors, replace windows and egress doors with impact resistant, roof replacement and installation of backup energy sources.	800,000
Total State Funds Requested (m	ust equal total from question #6)	800,000

13. Program Performance

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

Ensure effective emergency response through continuous service of police, fire, paramedic, and maintenance vehicles following a major storm event.

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



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Structural hardening of building sub-structure, Vehicular bay door replacement with impact resistant roll-up doors, replace windows and egress doors with impact resistant, roof replacement and installation of backup energy sources.

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

Continuation of emergency and maintenance services, emergency response, and faster recovery times following a storm. The facility services the City's police, fire, paramedic, and maintenance vehicle fleets, which provide emergency services to the citizens, residents, businesses, and visitors of Coconut Creek.

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

All City of Coconut Creek's 57,000 + residents plus surrounding municipalities that the City provides mutual aid to in the event of a natural disaster.

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

Ensures that emergency vehicles and equipment are protected/ operational after natural disasters. Allows efficient and continued emergency response, contributes to regional resiliency, minimizes the potential for secondary hazards, faster clearing of road obstructions, etc. Measurement Emergency services provided- including medical calls, public safety responses, and maintenance-, continuity of service, disruption and recovery times, minimized damage to fleets following a natural disaster vehicle access following a natural disaster.

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?

	Failure to meet deliverables or performance measures provided in the contract will result in reduction of funding.
14. Is	s 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. F	las the entity applied for or received federal assistance for this project?
	Yes, Applied
	Yes, Received
	l 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:

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 age	ency (ex. Loca	al Government Emerg	ency Bridge Loan, Departmer	
7. Requester Contact	t Information				
a. First Name	Bernadette	Last Name	Hughes		
b. Organization	City of Coconut Creek				
c. E-mail Address	bhughes@coconutcreek	.net			
d. Phone Number	(954)956-1520	Ext.			
8. Recipient Contact	Information				
a. Organization	City of Coconut Creek				
b. Municipality and					
c. Organization Ty	pe				
□For Profit Entity					
□Non Profit 501(c	·)(3)				
□Non Profit 501(c					
	·)(4)				
☑Local Entity					
□University or Co	llege				
□Other (please sp	pecify)				
d. First Name	Bernadette	Last Name	Hughes		
e. E-mail Address	bhughes@coconutcreek	.net			
f. Phone Number	(954)956-1520	Ext.			
9. Lobbyist Contact I	nformation				
a. Name	Candice D. Ericks				
b. Firm Name	Ericks Consultants Inc				
c. E-mail Address	candice.ericks@gmail.com				
d. Phone Number	(954)648-1204				



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