



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2233

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Town of Davie seeks funds to purchase and install an extraction/evacuation system in all six fire stations with the purpose of removing the exhaust gases and airborne particulates from bay areas, reducing the exposure of our firefighters to carcinogenic chemicals.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	280,000
Total State Funds Requested	280,000

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	280,000	92%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	25,000	8%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	305,000	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future-year funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



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a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

Yes

c. What is the estimated start date of construction?

08/01/2025

d. What is the estimated completion date of construction?

09/30/2026

e. What funding stream will be used for ongoing operations and maintenance of the project?

Town of Davie General Fund Reserves

11. 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.

Town of Davie

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/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	The funds will be utilized for the purchase and installation of the vehicle/evacuation system in all six Town of Davie fire stations with the purpose of removing the exhaust gases and airborne particulates from bay areas, reducing the exposure of our firefighters to carcinogenic chemicals.	280,000
Total State Funds Requested (must equal total from question #6)		280,000

13. Program Performance

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

The Town of Davie (Town) will purchase and install an extraction/evacuation system in all six fire stations with the purpose of removing the exhaust gases and airborne particulates from bay areas, reducing the exposure of our firefighters to carcinogenic chemicals.

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

An extraction/evacuation system will be installed in all six fire stations.

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



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The services are indirect since it is not a location where members of the public frequent. However, Davie Fire stations are safe havens and our fire rescue personnel spend a significant amount of time at these facilities.

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

25-50 directly served. The Town's 100,000 residents, businesses, post-secondary institutions, hospitals, as well as major state corridors (like I-595) served by the Town's fire department all are indirectly served by having healthy first responder personnel and lower health costs associated with fire rescue services.

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

The Town will purchase and install an extraction/evacuation system in all six fire stations with the purpose of removing the exhaust gases and airborne particulates from bay areas, reducing the exposure of our firefighters to carcinogenic chemicals.

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?

Town of Davie staff will include appropriate financial penalties including rescinding payment, discontinuing business with the vendor and including the vendor on the Town's disbarred or suspended vendor list.

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 infrastructure)

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

15. Has the entity applied for or received federal assistance for this project?

- 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:

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

- Yes, Applied
- Yes, Received



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- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

18. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number **Ext.**

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number



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