



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2286

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Fort Lauderdale Fire Rescue ensures the provision of emergency medical services at large-scale community events within the City of Fort Lauderdale (City). Due to the increasing number of special events and the unreliability of current rescue units, this program will provide four new ambulances to improve response times and service delivery. These ambulances will support EMS efforts at high-profile events- specifically 295 special events in the upcoming year.

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	320,000
Fixed Capital Outlay	0
Total State Funds Requested	320,000

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)	320,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	320,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	640,000	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



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10. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

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

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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

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.

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	Purchase four special events ambulances.	320,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		320,000

13. Program Performance

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

Fort Lauderdale Fire Rescue is responsible for providing emergency medical services during large community gatherings / special events. The requests for service for special events have increased year after year. In 2018 Fort Lauderdale Fire Rescue provided service for 152 special event details. This year the department will provide service to 295 special event details. Currently, the City uses three reserve medical rescue units to staff special events. The units have exceeded life expectancy and have become unreliable with mechanical issues.

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

Purchase of life-saving ambulances will allow the City to ensure the safety of residents, visitors, and businesses during large scale events.



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

The role of emergency medical services (EMS) during special events is critical for the safety and security of the participants.

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

Residents, visitors, and businesses in Fort Lauderdale and the State economy. Large events include the Fort Lauderdale International Boat Show (estimated to have a \$1.79 Billion impact in 2024), Tortuga Music Festival, MLS Soccer events, NHL Panthers practice arena events, and other major tourism and economic drivers. Ensuring safety of such events encourages continued attendance and participation.

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

Having four fully dedicated Special Events Ambulances will allow for EMS to be onsite and available when an incident occurs during a special event. Measure outcomes by tracking emergency response times and incident resolution rates during events, comparing data before and after deploying the new ambulances. Gather feedback from event organizers and attendees on EMS effectiveness, and analyze trends in event coverage requests to assess the capacity to meet growing demands.

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?

Return the funds to the state.

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)?



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- Yes, Applied
- Yes, Received
- 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.