



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2394

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To enhance our flood response capabilities, Lauderhill Fire Rescue is requesting appropriations for the acquisition of a 6x6 high-water rescue vehicle for extreme conditions, offering military-grade durability, high-ground clearance, and deep-water capabilities. The rescue vehicle will enable our first responders to safely conduct rescue operations in flooded areas, evacuate residents, and transport essential personnel and medics.

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	400,000
Fixed Capital Outlay	0
Total State Funds Requested	400,000

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)	400,000	75%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	135,000	25%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	535,000	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	(1) 6x6 high water rescue vehicle	400,000
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)		400,000

13. Program Performance

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

To enhance our flood response capabilities, Lauderhill Fire Rescue is requesting appropriations for the acquisition of a 6x6 high-water rescue vehicle. This specialized apparatus is specifically designed for extreme conditions, offering military-grade durability, high-ground clearance, and deep-water capabilities. The high-water rescue vehicle will enable our first responders to safely conduct rescues operations in flooded areas, evacuate residents, and transport essential personnel and medic.

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

Severe weather associated evacuation, rescue and transport.



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

Funding the purchase of the 6x6 high-water rescue vehicle will enable our first responders to safely conduct rescues operations in flooded areas, evacuate residents, and transport essential personnel and medical equipment during disasters. With its advanced all-terrain capabilities, this vehicle ensures that emergency response operations remain effective even in the most challenging conditions.

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

All residents citywide.

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

-Enhance public safety by enabling emergency evacuation and rescue during and in the aftermath of severe weather events.
 -Tracking severe weather related incident response times and outcomes.

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?

Mandating corrective actions with strict deadlines to resolve deficiencies. Reducing future contract payments if service levels or quality metrics are not met. Withholding a percentage of payment or imposing liquidated damages for delays or non-compliance.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

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



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- 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.