



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2450

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The funds will be used to acquire three fully equipped ambulances for the Hialeah Fire Department within the City of Hialeah.

5. State Agency to receive requested funds

State Agency contacted?  No

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

Type of Funding	Amount
Operating	1,095,688
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,095,688</b>

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)	1,095,688	80%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	273,923	20%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,369,611</b>	<b>100%</b>

8. Has this project previously received state funding?  No

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?  No

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?

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	The total cost to acquire the three ambulances is \$1,369,611, and the city will contribute \$273,923,000 representing 20% of the cost.	1,095,688
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,095,688</b>

13. Program Performance

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

The goal of the project will be to provide new ambulances to the City of Hialeah Fire Department thereby improving emergency services to residents and lowering the maintenance costs associated with older ambulances in the Department's current fleet.

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

The funds will be used to acquire three new ambulances.

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

The project will improve the response time of police officers to emergency calls.



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

The project will benefit the general population of the City of Hialeah (City).

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

The City of Hialeah's ambulance fleet is aging and the cost of maintaining older units increases each year. This request would decrease recurring maintenance costs to the Fire Department; while simultaneously augmenting the service they provide to the community by adding reliable units to the ambulance fleet. The benefits will be apparent by comparing the maintenance costs associated with the ambulances that will be decommissioned and these newly acquired ambulances. The improvement in service could be measured by improved response times to calls for service.

**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?**

The City of Hialeah is willing to be bound by the standard penalties for breach of contract in the state of Florida. Furthermore, the City is willing to contemplate additional penalties the Department may propose.

**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
- No



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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**

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