

1. Project Title

The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

Miami-Dade Mobile Command Vehicle

LFIR # 2795

2.	Senate Sponsor	Bryan Avila					
3.	Date of Request	2/18/2025					
4	Project/Program De	scription					
	A Mobile Command recovery. The unit wo improved communication	Vehicle (MCV) is expediced with the could provide Miamination, and flexibility expediced with the county Departs and County Departs.	-Dade County r and adaptabilit be utilized as a ment of Emerge	espond y. The resourd ency Ma	lers enhanced situ MCV would be de ce to other countie	ational awareness, ployed county-wide s in the State of Flo not currently have th	command and control, to all disasters and orida. Note: The is a new
	State Agency contact	·					
	•						
6.	Amount of the Nonro	ecurring Request	for Fiscal Yea	r 2025-	2026 		1
	Type of Funding				Amo		
	Operating					375,000	
	Fixed Capital Outlay					0	
	Total State Funds R	Requested				375,000	
7.	Total Project Cost fo	or Fiscal Year 202	5-2026 (includ	ing ma	tching funds ava	ilable for this proje	ect)
	Type of Funding				Amount	Percentage	
	Total State Funds Re	equested (from que	estion #6)		375,000	50%	
	Matching Funds						
	Federal				0	0%	
	State (excluding the	amount of this requ	uest)		0	0%	
	Local				375,000	50%	
	Other				0	0%	
	Total Project Costs	for Fiscal Year 20)25-2026		750,000	100%	
8.	Has this project pre If yes, provide the n	•		N	0		
	Fiscal Year	Amo			Specific #	Vetoed	
	(уууу-уу)	Recurring	Nonrecurrin	ng P	Appropriation #		
9.	Is future-year fundir	ng likely to be req	uested?	No)		_
	a. If yes, indicate no	onrecurring amou	nt per year.				
	b. Describe the sou	rce of funding tha	at can be used	in lieu	of state funding.		



10. Status of Construction

a What is the surrent phase of the project?

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375,000

375,000

a. What is the current pha	se of the project?		
Planning Des	ign Construction	○ N/A	
b. Is the project "shovel re	eady" (i.e permitted)?		
c. What is the estimated s	tart date of construction?		
d. What is the estimated of	ompletion date of constru	ction?	
e. What funding stream w	ill be used for ongoing ope	erations and maintenance of the	project?
. List the owners of the fa relationship between the	cility to receive, directly or owners of the facility and	indirectly, any fixed capital outl the entity.	ay funding. Include the
-	sted state funds will be ex		Amount
Spending Category Administrative Costs:		Description	Amount
Executive Director/Project Hea Salary and Benefits	d		
Other Salary and Benefits			
Expense/Equipment/Travel/Su Other	pplies/		
Consultants/Contracted Services/Study			
Operational Costs	<u>.</u>		
Salary and Benefits			

13. Program Performance

Planning Engineering

Consultants/Contracted

Construction/Renovation/Land/

Services/Study

Other

Expense/Equipment/Travel/Supplies/

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

Total State Funds Requested (must equal total from question #6)

Its purpose is to provide a mobile Incident Management and Command and Coordination capabilities at disaster scenes. The unit will also be available to be deployed to for mutual aid assistance to other State of Florida counties.

Funding would be utilized to purchase a Mobile Command Vehicle for

the Department of Emergency Management to be utilized, county-

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

wide, at major disaster scenes.

Disaster response and recovery operations.

Fixed Capital Construction/Major Renovation:

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



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On-scene Disaster response and recovery operations								
Who is the target population served by this project? How many individuals are expected to be served?								
Miami-Dade County Residents, approximately 2.8 million residents, as well as businesses and visitors. Will also be available for deployment to the rest of the counties in the State of Florida.	sitors. Will also be							
e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome w be measured?								
Improved Command and Coordination ad situational awareness at disaster scenes.								
f. What are the suggested penalties that the contracting agency may consider in addition to its standard po	enalties							
for failing to meet deliverables or performance measures provided for in the contract?								
Failure to meet deliverables will result in nonpayment.								
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 infastructure)								
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#:								
a. If yes, provide the FelmA project worksheet ibn.								
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								
□ No, but intends to apply								



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Commerce):	e program and state agency (ex. Local Government Emergency Bridge Lo					
. Requester Contac	t Informati	on	-			
a. First Name	Pete		Last Name	Gomez		
b. Organization	Miami-Da	de Department	of Emergency	/ Managemen	t	
c. E-mail Address	pete.gom	ez@miamidade.	gov			
d. Phone Number	(786)367	-7746	Ext.			
Recipient Contact	Informatio	on				
a. Organization	Miami-Da	ade County				
b. Municipality and	d County	Miami-Dade				
c. Organization Ty	ре					
□For Profit Entity						
□Non Profit 501(d	c)(3)					
□Non Profit 501(d	c)(4)					
☑Local Entity						
□University or Co	llege					
☐Other (please sp	specify)					
d. First Name	Pete		Last Name	Gomez		
e. E-mail Address	pete.gom	ez@miamidade.	.gov			
f. Phone Number	(786)367	-7746	Ext.			
Lobbyist Contact I	nformatio	n				
a. Name	Jess M. I	McCarty				
b. Firm Name						
c. E-mail Address	jmm2@miamidade.gov					
d Phone Number	(305)979-7110					

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