



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2968

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The funds will support the construction of a new satellite emergency management facility as part of new government complex. The facility will enhance services for residents and surrounding County jurisdictions to ensure public safety. Importantly, the Town is divided by a major State road that serves as the only area evacuation route. It will serve as an emergency management center for the region and vulnerable populations affected by natural disasters or emergency disasters.

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	900,000
Total State Funds Requested	900,000

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)	900,000	7%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	11,800,000	93%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	12,700,000	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.

forfeiture funds if available

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?

Transfer of development rights fees allocated in the general funds budget for the Town and forfeiture funds

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 Bay Harbor Islands

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	Construction of the emergency facility incorporated into the new government complex. It will enhance deployment of resources/communication for first responders serving residents /vulnerable population. Located along the major State evacuation road, It will serve as a satellite Emergency Management center equipped with 911 dispatch center and advanced equipment .	900,000
Total State Funds Requested (must equal total from question #6)		900,000

13. Program Performance

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

The facility will provide enhanced manangement services to residents for critical emergency response. Will serve as an Emergency Management center. Emergency equipment such as a 911 dispatch center with satellite communication will be in place to ensure interoperability in information sharing, coordination and a state of readiness during emergency situations along major State evacuation Road.



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

The Facility will be a safe haven for citizens during emergency situations. Additional direct services will include rapid response to the region; establish direct communication hotline, point of distribution; additional emergency power resource for residents and the region.

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

The funds will support the construction of a new satellite emergency management facility as part of new government complex. The facility will enhance services for residents and surrounding County jurisdictions to ensure public safety. Importantly, the Town is divided by a major State road that serves as the only area evacuation route. It will serve as an emergency management center for the region.

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

The U.S. Census population estimate for the Town of Bay Harbor Islands is 5,922. A greater number is expected to be served during major emergency events, including adjacent municipalities which do not have similar capabilities.

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

It will also be a location equipped for rapid emergency response where first responders can provide life saving measures and respond to imminent threats to life, as well as provide shelter in cases of natural or man-made disasters.along major State evacuation Road

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 of funds.

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:



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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

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



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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.