



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2871

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The primary goal is to ensure the health and safety of our personnel. These workers require safe, secure, and healthy environments in which to work and rest. This project makes improvements to Fire Station 42 and Fire Station 109 (replace existing floors with non-slip flooring, air quality improvements and other bunk area improvements) in accordance with NFPA 1500 to keep fire rescue personnel healthy when not responding to calls. In addition, the project replaces six aging fire alarm control panels in city-owned facilities with updated technology to improve fire detection and reduce future expenditures.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	250,000
Total State Funds Requested	250,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	250,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	250,000	50%
Total Project Costs for Fiscal Year 2024-2025	500,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future 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.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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If yes, indicate the amount of funds received and what the funds were used for.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. 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?

12. 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.

13. 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: Other		
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	A capital project will be initiated to provide a secure, functional, healthy environment for firefighters housed in Fire Station 42 and Fire Station 109 (replace existing floors with non-slip flooring, air quality and bunk area improvements. Also used to replace six fire alarm control panels at 6 key City-owned facilities. The current systems are over 20 years old and are near the end of their useful life. They are single-sourced and non compatible/interchangeable with other systems.	250,000
Total State Funds Requested (must equal total from question #6)		250,000

14. Program Performance

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



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

The funds will be used at two fire stations, within the City of Parkland (City), to replace existing flooring with non-slip flooring, air quality improvements and other bunk area improvements. The fire alarm panels at 6 City-owned facilities are crucial to ensuring occupant safety. The Recreational Center and Amphitheater hosts multiple activities, sports, and recreation events for residents.

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

Residents frequent the Recreational Center, Amphitheater, and City Hall. Providing for occupant safety is a critical service the City must provide. The two fire stations house rescue personnel and equipment that must be protected in order to continue providing an essential service to our residents. Reliable, responsive fire rescue services are also essential.

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

The project supports the entire Parkland community through the improvements to the fire stations as well as the communication mechanisms to be installed in the various City facilities.

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

The project will protect the general public from harm. Accurate, responsive fire detection and signaling/alarming as well as response time to calls for assistance will meet or be shorter than expected times for a majority of calls. Measuring methodology will be based on reduced incidents of system failures and component breakdowns. Reduced repair and replacement expenses. Call response time will be shorter or meet expected times.

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 the contract?

The City of Parkland would draw funds on a reimbursement basis so deliverables can be a condition of receiving funds, negating the need for penalties.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)



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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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number