



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1520

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The requested funds will bring Hamilton County Fire Rescue onto the SLERS network, replace outdated end-of-life equipment, and add two new 911 dispatch consoles. These enhancements will complete the county's SLERS migration, expand dispatch capabilities, improve coverage, and deliver stronger regional interoperability with state and federal users. Collectively, they will create a resilient, fully integrated system that enables faster and more coordinated emergency response.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

| Type of Funding                    | Amount           |
|------------------------------------|------------------|
| Operating                          | 2,400,000        |
| Fixed Capital Outlay               | 0                |
| <b>Total State Funds Requested</b> | <b>2,400,000</b> |

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

| Type of Funding                                      | Amount           | Percentage  |
|--|------------------|-------------|
| Total State Funds Requested (from question #6)       | 2,400,000        | 100%        |
| <b>Matching Funds</b>                                |                  |             |
| Federal  | 0                | 0%          |
| State (excluding the amount of this request)         | 0                | 0%          |
| Local  | 0                | 0%          |
| Other  | 0                | 0%          |
| <b>Total Project Costs for Fiscal Year 2026-2027</b> | <b>2,400,000</b> | <b>100%</b> |

8. Has this project previously received state funding?

If yes, provide the most recent instance:

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
| 2025-26                  | 0         | 1,585,000    | 2691A                       | No     |

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)?

No

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?

N/A

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.

N/A

#### 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                    | N/A   | 0                |
| Other Salary and Benefits  | N/A   | 0                |
| Expense/Equipment/Travel/Supplies/Other                                | N/A   | 0                |
| Consultants/Contracted Services/Study                                  | N/A   | 0                |
| <b>Operational Costs</b>   |   |                  |
| Salary and Benefits  | N/A   | 0                |
| Expense/Equipment/Travel/Supplies/Other                                | SLERS Fire Rescue radios, 911 dispatch consoles, dispatch equipment, interfaces, software services, and programming—fully compliant with P25 standards—will enable interoperability through the Statewide Law Enforcement Radio Communication System (SLERS), facilitating seamless communication among first responders within Hamilton County and beyond. | 2,400,000        |
| Consultants/Contracted Services/Study                                  | N/A   | 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>2,400,000</b> |

#### 13. Program Performance

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

Requested funding will connect Hamilton County Fire Rescue to the SLERS network, upgrade obsolete end-of-life equipment, and install two additional 911 dispatch consoles. These actions will complete the county's transition to SLERS, increase dispatch capacity, enhance coverage, and improve interoperability across the region with state and federal partners. Together, these upgrades will build a robust, integrated system to ensure quicker, more coordinated emergency responses.



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

Services provided by the implementation of this project include enhanced, secure, reliable SLERS radio communication services to ensure first responders are able to quickly and accurately provide emergency response services to the county and to provide mutual aid to state and federal users.

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

Once completed, the upgraded systems will allow first responders in Hamilton County to provide accurate and timely response to requests for emergency services.

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

The target populations that will benefit from this project are the residents of Hamilton County, local businesses, schools, and visiting tourists.

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

The expected benefits provided by the implementation of this project include improved communication for fire, and emergency services with P25-compliant equipment, improving coverage and interoperability, and reduced response times. Outcomes will be measured by tracking response times and incident resolution.

**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?**

Failure to meet deliverables would result in a return of funding to the state.

**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:**



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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**
- c. E-mail Address**



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d. Phone Number

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