



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1719

1. Project Title Pasco County Board of County Commissioners- Fire Rescue Department-Decon 2

2. Senate Sponsor Ed Hooper

3. Date of Request 11/3/2025

#### 4. Project/Program Description

Pasco County (County) requests funding to upgrade our current decontamination capabilities by placing a new, advanced Fire Rescue Decontamination Truck into service. Designed to operate at fire scenes where firefighters are exposed to IDLH (Immediately Dangerous to Life or Health) environments, this upgraded unit will provide immediate gear exchange, on scene cleaning of SCBA and PPE, and gross decontamination. These enhancements will significantly reduce exposure to cancer-causing carcinogens and other hazardous contaminants. By modernizing our equipment and response protocols, this project represents a critical investment in the long-term health, safety, and operational readiness of our firefighters

5. State Agency to receive requested funds Department of Environmental Protection

State Agency contacted? No

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

Type of Funding	Amount
Operating	600,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>600,000</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)	600,000	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>600,000</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.



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LFIR # 1719

## Complete questions 10 and 11 for Fixed Capital Outlay Projects

### 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?

12/01/2026

d. What is the estimated completion date of construction?

12/31/2027

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 building of the truck will cost \$600,000.	600,000
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>600,000</b>

### 13. Program Performance

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

These funds will be used to upgrade the County's decontamination capabilities by replacing our current Decon Truck with a more advanced and specialized unit. This upgraded truck will enhance on-scene gear exchange and gross decontamination procedures, significantly reducing firefighter exposure to harmful carcinogens. It represents a vital step forward in protecting the health and safety of our personnel during IDLH (Immediately Dangerous to Life or Health) incidents.

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



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LFIR # 1719

To meet the intended purpose of these funds, the upgraded Fire Rescue Decontamination Truck will deliver several key activities and services focused on firefighter health and safety. These include on-scene gear exchange to immediately replace contaminated personal protective equipment (PPE) with clean gear, reducing exposure to carcinogens. The truck will also provide gross decontamination services using specialized equipment to remove toxic substances from gear and skin before firefighters return to service or transport. Personnel assigned to the unit will be trained in contamination control procedures and will document each decontamination event for tracking and evaluation. Additionally, the unit will support public health by preventing the transfer of hazardous materials from fire scenes into fire stations and community spaces. Together, these services represent a significant upgrade in operational safety and wellness for Pasco County's fire rescue personnel.

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

This project will provide direct services to citizens by enhancing firefighter safety and operational readiness, resulting in more effective emergency response. The upgraded Decontamination Truck will reduce the risk of secondary contamination in public areas by performing on-scene decontamination of gear and personnel exposed to IDLH areas. By protecting firefighter health, the project ensures a stronger, more reliable workforce ready to serve the community. Ultimately, citizens benefit from faster, safer, and cleaner fire rescue operations.

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

The target population served by this project includes the approximately 634,000 residents and visitors of Pasco County who rely on fire rescue services for emergency response and public safety. By enhancing firefighter health and operational readiness, the upgraded Decontamination Truck will indirectly benefit the entire community through safer, more effective service delivery.

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

The expected outcome of this project is improved long-term health and safety for Pasco County firefighters through reduced exposure to hazardous substances encountered during emergency responses. This benefit will be measured by tracking the frequency of Decon Truck deployments to high-risk incidents and monitoring trends in firefighter health and wellness over time.

**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?**

If the project is not delivered, as promised, a return of all funding would be required.

**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



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### Fiscal Year 2026-2027

LFIR # 1719

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
- ☐ 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



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LFIR # 1719

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.*