



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1878

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This project seeks funding to replace outdated protective gear and acquire modern safety equipment for Greenacres Fire Rescue personnel. As front-line responders, our firefighters rely on National Fire Protection Association (NFPA) - compliant gear to safely perform life-saving duties during fires, medical emergencies, and other operations. Replacing worn or expired equipment, including bunker gear, air packs, ballistic gear, helmets and more will ensure full compliance with current safety standards, reduce risk of injury or contamination, and extend the operational readiness of our department.

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	340,000
Fixed Capital Outlay	0
Total State Funds Requested	340,000

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)	340,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	341,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2026-2027	681,000	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.



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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?

d. What is the estimated completion date of construction?

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
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	Additional and replacement protective equipment, including bunker gear, air packs, ballistic gear, and helmets	340,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		340,000

13. Program Performance

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

To replace expired, outdated and worn protective gear and acquire modern, NFPA-compliant safety equipment, ensuring Fire Rescue personnel can perform emergency response duties safely, maintain compliance with current safety standards, reduce risk of injury, and sustain operational readiness.

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



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The funds will support the purchase and distribution of updated protective gear and safety equipment, including S.C.B.A. Air Pack, air bottles, fill station, bunker gear, ballistic vest/helmets, and various safety detectors.

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

The project ensures firefighters are properly and safely equipped to provide safe, effective fire, medical, and disaster response, directly protecting the residents.

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

The project serves all 45,000 residents of Greenacres, as well as more than 2,000 residents of the City of Atlantis, where the City provides fire rescue services. By ensuring firefighters are properly equipped, the project supports safe and effective emergency, fire, and medical response for both communities.

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 enhance firefighter safety and emergency response for Greenacres residents. Success will be measured by completing equipment replacement, ensuring compliance, reducing injuries, and verifying operational readiness through inspections and drills.

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 City fails to meet deliverables or performance measures, a penalty requiring reimbursement of appropriated funds received should be imposed.

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:

16. Has the entity applied for or received state assistance for this project (other than this request)?



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- ☐ 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
- d. Phone Number



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