

1. Project Title

The Florida Senate Local Funding Initiative Request Fiscal Year 2026-2027

Gainesville Fire Rescue Fire Apparatus Replacement Initiative

LFIR # 1973

3. Date of Request 12/3/2025 4. Project/Program Description The Gainesville Fire and Rescue seek replacement of a re-purposed reserve apparatus deployed into front-line service following the annexation of the SW portion of the City of Gainesville, which resulted in a substantial increase in call volume. The Fire Rescue covers 62.4 Square miles with regional specialty deployment to 11 counts. This request will ensure that it has a reliable, NFPA-compliant frontline engine, restore reserve fleet capacity, and reduce long-term maintenance costs associated with running reserve apparatus as front-line units. 5. State Agency to receive requested funds State Agency contacted? No 6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027 Type of Funding Qperating Fixed Capital Outlay Operating 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 #8) 850,000 100% Matching Funds Federal O O% State (excluding the amount of this request) Operating Foderal O O% Other Operating Fiscal Year Amount Specific Appropriation # Specific Vetoed Appropriation # 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.	2.	Senate Sponsor	Stan McClain				
The Gainesville Fire and Rescue seek replacement of a re-purposed reserve apparatus deployed into front-line service following the annexation of the SW portion of the City of Gainesville, which resulted in a substantial increase in call volume. The Fire Rescue covers 62.4 Square miles with regional specialty deployment to 11 counties. This request will ensure that it has a reliable, NFPA-compliant frontline engine, restore reserve fleet capacity, and reduce long-term maintenance costs associated with running reserve apparatus as front-line units. 5. State Agency to receive requested funds 5. State Agency contacted? No 6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027 Type of Funding Operating Pixed Capital Outlay Total State Funds Requested 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) 850,000 100% Matching Funds Federal 0 0 0% State (excluding the amount of this request) 0 0 0% Cother 0 0 0% Total Project Costs for Fiscal Year 2026-2027 850,000 100% No Total Project Costs for Fiscal Year 2026-2027 Specific Amount Specific Appropriation #	3.	Date of Request	12/3/2025				
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Type of Funding	5.	State Agency to re	ceive requested fu	nds Departm	ent of Financial Servi	ces	
Type of Funding Operating Section 1 Section 1 State Funds Requested 7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project) Type of Funding Total State Funds Requested (from question #6) Amount Percentage Total State Funds Requested (from question #6) Amount Matching Funds Federal O O State (excluding the amount of this request) Local Other Other Other Other Section 1 Section 2 Section 3 Section 4 Sectio		State Agency conta	acted? No				
Type of Funding Operating S50,000 Fixed Capital Outlay Total State Funds Requested 7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project) Type of Funding Total State Funds Requested (from question #6) Matching Funds Federal State (excluding the amount of this request) Local Other Other Total Project Costs for Fiscal Year 2026-2027 850,000 100% Total Project Costs for Fiscal Year 2026-2027 850,000 100% 8. Has this project previously received state funding? If yes, provide the most recent instance: Fiscal Year (yyyy-yy) Recurring Nonrecurring Nonrecurring Noperation No Specific Appropriation # No Is future-year funding likely to be requested? a. If yes, indicate nonrecurring amount per year.	6	Amount of the Non	recurring Request	for Fiscal Year 20	126-2027		
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Type of Funding Total State Funds Requested (from question #6) Matching Funds Federal Federal O O State (excluding the amount of this request) Local O Other Other Total Project Costs for Fiscal Year 2026-2027 Barry Specific Appropriation # Specific Appropriation # If yes, indicate nonrecurring amount per year.		Total State Funds	Requested			850,000	
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Matching Funds Federal		Type of Funding			Amount	Percentage	
State (excluding the amount of this request) 0 0%		Total State Funds F	Requested (from que	estion #6)	850,000	100%	
State (excluding the amount of this request) Local Other Other Other State (excluding the amount of this request) Other O		Matching Funds					
Local 0 0%		Federal			0	0%	
Other 0 0% Total Project Costs for Fiscal Year 2026-2027 850,000 100% 8. Has this project previously received state funding? If yes, provide the most recent instance: Fiscal Year Amount Specific Appropriation # Vetoed Appropriation # 9. Is future-year funding likely to be requested? No a. If yes, indicate nonrecurring amount per year.		State (excluding the	e amount of this requ	uest)	0	0%	
8. Has this project previously received state funding? If yes, provide the most recent instance: Fiscal Year Amount Specific Vetoed (yyyy-yy) Recurring Nonrecurring Nonrecu		Local			0	0%	
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If yes, provide the most recent instance: Fiscal Year		Total Project Cost	s for Fiscal Year 20	026-2027	850,000	100%	
If yes, provide the most recent instance: Fiscal Year	8	Has this project pr	eviously received	state funding?	No		
(yyyy-yy) Recurring Nonrecurring Appropriation # 9. Is future-year funding likely to be requested? a. If yes, indicate nonrecurring amount per year.	٠.		•	_	110		
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9. Is future-year funding likely to be requested? a. If yes, indicate nonrecurring amount per year.					Appropriation #	Velocu	
a. If yes, indicate nonrecurring amount per year.							
	9.	Is future-year fund	ing likely to be req	uested?	No		
b. Describe the source of funding that can be used in lieu of state funding.		a. If yes, indicate r	nonrecurring amou	nt per year.			
		b. Describe the so	urce of funding tha	at can be used in	lieu of state funding		



10. Status of Construction

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;	a. What is the current phase of the project?									
	Planning	Design	Construction	O N/A						
	b. Is the project "	Is the project "shovel ready" (i.e permitted)?								
	c. What is the est	imated start da	te of construction?							
	d. What is the est	imated comple	tion date of construc	tion?						
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. In 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	Fire apparatus engine replacement	850,000					
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) 850,000							

13. Program Performance

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

To replace a re-purposed reserve apparatus deployed into front-line service following the annexation of the SW portion of the city, which resulted in a substantial increase in call volume. The Fire Rescue covers 62.4 Square miles with regional specialty deployment to 11 counties. This request will ensure that it has a reliable, NFPA-compliant frontline engine, restore reserve fleet capacity, and reduce long-term maintenance costs associated with running reserve apparatus as front-line units.

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



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The requested funds will replace a fire apparatus that will be used to directly protect citizens of the City of Gainesville and the surrounding counties. Provision of fire suppression, advanced life support emergency medical services, hazardous materials response, and technical rescue services to approximately 145,000 residents, the University of Florida campus, and thousands of daily visitors.

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

to	Ditizens will be better protected from fire and other emergencies by having reliable fire apparatuses which are critical business sustaining the afore-mentioned services. However, a significant portion of our Fire Rescue's fleet has aged well beyond industry standards, resulting in higher maintenance costs, safety risks, and reduced operational reliability.						
d. Who is the target population served by this project? How many individuals are expected to be served?							
(General population						
e. What is the expected benefit or outcome of this project? What is the methodology by which thi be measured?							
ir n te e n	Benefits: Hardened/preserved fire protection and rescue services improve health outcomes in emergency situations by improving rapid front line response times and effectiveness to medical emergencies; Rapid front line response to nental health emergencies, with referrals to our community paramedicine program who follow up and assist with long the erm treatment plans; Services for all communities during emergencies. By guaranteeing a swift response with the right equipment, we can help protect both lives and property; individuals in crisis, crews then refer willing individuals to our nedicated assisted therapy program; Methods: Response times are measured daily by supervisors to ensure ompliance; follow up referrals/treatment plans.						
	What are the suggested penalties that the contracting agency may consider in addition to its standard penalties or failing to meet deliverables or performance measures provided for in the contract?						
\	We are confident that we will meet the stated outcomes and deliverables. No penalties are suggested.						
14. Is	this project related to mitigation, response, or recovery from a natural disaster? Yes						
a. I	f Yes, what phase best describes the project?						
	Mitigation (reducing or eliminating potential loss of life or property)						
\square	Response (addressing the immediate and short-term effects of a natural disaster)						
	Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)						
b. l	Name of the natural disaster (or Executive Order # for events not under a federal declaration):						
D	ebbie, Helene, Milton						
15. H	as the entity applied for or received federal assistance for this project?						
	Yes, Applied						
	Yes, Received						
	No						
	No, but intends to apply						
a. I	f 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 app	lied for or received state	assistance t	or this projec	t (other than	this request)?	?
☐ Yes, Applied						
☐ Yes, Received						
☑ No						
☐ No, but intends to	o apply					
a. If yes, specify the Commerce):	e program and state ager	ncy (ex. Loca	Il Governmen	t Emergency	Bridge Loan,	Del
17. Requester Contact	: Information					
a. First Name	Joseph	Last Name	Hillhouse			
b. Organization	Gainesville Fire Rescue					
c. E-mail Address	hillhousjs@cityofgainesvil	le.org				
d. Phone Number	(352)393-8462	Ext.				
18. Recipient Contacta. Organizationb. Municipality and	Gainesville Fire Rescue					
c. Organization Ty	•			1		
□For Profit Entity						
□Non Profit 501(c	e)(3)					
□Non Profit 501(c						
☑Local Entity	, , ,					
☐University or Co	llege					
☐Other (please sp	_					
d. First Name	Nick	Last Name	Gonzalez			
e. E-mail Address	Gonzalezne@cityofgaines	sville.org				
f. Phone Number	(352)494-7956	Ext.				
19. Lobbyist Contact I	nformation					
a. Name	LaToya Sheals					
b. Firm Name	Becker & Poliakoff PA					



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c. E-mail Address	Lsheals@beckerlawyers.com	
d. Phone Number	(954)364-6094	

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