

1. Project Title

2. Senate Sponsor

### **The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026**

Hillsborough County Sheriff's Office H145 Part 2

Danny Burgess

**LFIR # 1611** 

3.	Date of Request	2/6/2025						
4.	Project/Program De	escription						
	and rescue operation Technicians, and the	ns, while also increa eir specialized equip the State of Florida.	sing the numbe ment, which car This aircraft's s	ase HCSO's ability to a r of specialty team mem n be transported directly afety features, reliability	nbers, such as SWA to locations where	T Operators and Bomb they are needed to		
5.	State Agency to red	ceive requested fu	n <b>ds</b> Depai	tment of Law Enforcem	ent			
	State Agency conta							
6.	Amount of the Noni	recurring Request	for Fiscal Year	2025-2026				
	Type of Funding			Amo	ount			
	Operating				7,750,000			
	Fixed Capital Outlay				0			
	Total State Funds F	Requested			7,750,000			
7.	•	or Fiscal Year 2025	5-2026 (includir	ng matching funds ava	. ,	ect)		
	Type of Funding			Amount	Percentage			
	Total State Funds R	equested (from que	stion #6)	7,750,000	100%			
	Matching Funds			0	00/			
	Federal	amount of this requi	aat)	0	0%			
	State (excluding the	amount of this requ	est)	0	0% 0%			
	Local Other			0	0%			
	Total Project Costs	s for Fiscal Year 20	25-2026	7,750,000	100%			
	Total Troject Costs	7101 1 130a1 1 cai 20	20 2020	7,700,000	10070			
8.	Has this project pre	eviously received s	state funding?	Yes				
	If yes, provide the	most recent instan	ce:					
	Fiscal Year	Amo	unt	Specific	Vetoed	d		
	(уууу-уу)	Recurring	Nonrecurring	Annuantiation #				
	2024-25	0	7,750,0	000 1290	No			
9.	Is future-year fundi	ing likely to be req	uested?	No				
	a. If yes, indicate n	onrecurring amou	nt per year.					
	b. Describe the sou							



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10.	Status of Const	truction						
	a. What is the cu	urrent phase of t	he project?					
	Planning	O Design	Construction	O N/A				
	b. Is the project	"shovel ready" (	(i.e permitted)?					
	c. What is the es	stimated start da	te of construction?					
	d. What is the es	stimated comple	tion date of constru	ction?				
	e. What funding	stream will be u	ised for ongoing ope	erations a	nd 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	Complete purchase of an Airbus H145, a twin-engine helicopter to increase HCSO's abilities to aid wildfire cessation, hurricane relief, and rescue operations, while increasing the number of specialty team members and their equipment, which can be transported directly to locations throughout Florida.	7,750,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
<b>Total State Funds Requested (m</b>	ust equal total from question #6)	7,750,000

#### 13. Program Performance

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

This aircraft will increase HCSO's ability to aid wildfire cessation, post-hurricane relief, and rescue operations, while also increasing the number of specialty team members, such as SWAT Operators and Bomb Technicians, and their specialized equipment, which can be transported directly to locations where they are needed to respond throughout the State of Florida. This aircraft's safety features, reliability, and maintenance cost make it both practical and effective addition to HCSO's fleet.

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



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HCSO will complete procurement and put into service the requested aircraft and maintain it in good working order. HCSO will respond with the requested aircraft to calls for service including wildfires, requests for post-hurricane supplies and/or personnel, rescue operations to extract victims from remote areas, and calls for the deployment of specialty team members with their equipment.

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

HCSO will respond to calls for service using the requested aircraft, which provides increased capabilities for responding to wildfires, requests for post-hurricane supplies, rescue operations for ambulatory or non-ambulatory victims in remote areas, and calls for service for specialty team members, such as SWAT Operators and/or Bomb Technicians, with their equipment.

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

The target population are the citizens of and visitors to Hillsborough County, which has a population of approximately 1.5 million people. The aircraft would be deployable to assist throughout the State of Florida which would allow this project to have a much larger impact, particularly during wildfires or after disasters such as hurricanes.

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

This aircraft will increase HCSO's ability to aid wildfire cessation operations by more than doubling the potential capacity of the water delivery via bambi bucket from the current 140 gallons to 320 gallons, which decreasing the amount of time and resources required to extinguish wildfires and minimize resulting loss of life and property. HCSO's ability to respond throughout Florida, including providing supplies post-hurricane, rescue victims from remote areas, and deliver specialty team members and their equipment to critical operations would increase. Records for operations of this aircraft can be provided, including details of services provided, agencies assisted, equipment utilized, and deployment 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 in the contract?

•	raining to meet deliverables of performance measures provided for in the contract:					
	Standard contract penalties are sufficient.					
4.	s this project related to mitigation, response, or recovery from a natural disaster? No					
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 infastructure)					
b.	. Name of the natural disaster (or Executive Order # for events not under a federal declaration):					
5. ŀ	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#:					



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b. Provide the total	project cost listed on the	e FEMA proj	ect workshee	t:		
6. Has the entity app	olied for or received state	assistance f	or this projec	t (other thar	n this reques	st)?
☐ Yes, Applied						
☐ Yes, Received						
□ No						
☐ No, but intends to	o apply					
	e program and state age	ncv (ex. Loca	al Governmer	t Emergenc	v Bridge Loa	an. Departme
Commerce):						, .,
. Requester Contact	t Information					
a. First Name	Chad	Last Name	Chronister			
b. Organization	Hillsborough County She	riff's Office				
c. E-mail Address	cchronister@teamhcso.cc	om				
d. Phone Number	(813)247-8999	Ext.				
B. Recipient Contact		: " 0"				
a. Organization	Hillsborough County She	riff's Office		]		
b. Municipality and	-					
c. Organization Ty	-					
□For Profit Entity						
□Non Profit 501(d	c)(3)					
□Non Profit 501(c	c)(4)					
☑Local Entity						
□University or Co	llege					
□Other (please sp	pecify)					
d. First Name	Jessica	Last Name	Rohr			
e. E-mail Address	jrohr@teamhcso.com					
f. Phone Number	(813)247-8237	Ext.				
). Lobbyist Contact I	nformation					
a. Name	Jeffrey M. Johnston					



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b. Firm Name	Johnston & Stewart Government Strategies, LLC	
c. E-mail Address	jeff@johnstonstewart.com	
d. Phone Number	(813)345-4014	

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