

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

LFIR # 3268

- 1. Project Title Collier County Emergency Mobile Command Replacement
- 2. Senate Sponsor Kathleen Passidomo
- 3. Date of Request 3/5/2025

4. Project/Program Description

The Emergency Management Office operates a mobile multi-agency communications and coordination vehicle for deployment to major events in the county and region. The 2007 motor-home framework needs to be replaced for a heavier chassis and be updated with digital communication resources to better serve on-scene operations and serve as a resource the County's continuity of operations should the Emergency Operations Center need to be evacuated or in a field setting to support major events, wildfires, training and community response.

5. State Agency to receive requested funds

Division of Emergency Management

State Agency contacted? No

9.

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	500,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	1,000,000	100%

8. Has this project previously received state funding? If yes, provide the most recent instance:

Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring Nonrecurring		Appropriation #		
Is future-year funding likely to be requested?		No			
a. If yes, indicate r	nonrecurring amou	nt per year.			
b. Describe the source of funding that can be used in l		eu of state funding			

Complete questions 10 and 11 for Fixed Capital Outlay Projects

No

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10. Status of Construction				
a. What is the current pha	se of the project?			
O Planning O Des	ign 💦 Construction 🚫 N/A	ι.		
b. Is the project "shovel r	eady" (i.e permitted)?			
c. What is the estimated s	tart date of construction?	08/20/2025		
d. What is the estimated o	ompletion date of construction?	10/01/2026		
e. What funding stream w	ill be used for ongoing operations	and maintenance c	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	Replacement of the multi-agency communications and coordination vehicle.	500,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	500,000

13. Program Performance

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

Improve the County and local public safety unified command, communications and coordination efforts during local major emergencies such as wildfire, mass casualty events, aircraft incidents, interstate hazardous materials incidents and mass violence.

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

Respond to public safety needs of Collier County covering over 2,000 square miles and supporting county and municipal public safety operations.

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



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To improve the tactical and operational capability of the unified command effort of a major public safety incident.

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

A county and region wide support with the mobile communications and coordination vehicle.

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

Improve response coordination between agencies to expedite the tactical and coordinated response to any major local or regional emergency event.

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?

Withdrawal of some appropriated funds for failing to meet agreed upon deliverables or performance measures.

14. Is this project related to mitigation, response, or recovery from a natural disaster? Yes

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):

Hurricanes and wildfires

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)?

- □ Yes, Applied
- □ Yes, Received
- 🛛 No
- □ No, but intends to apply



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a. If yes, specify the program and state agency (ex. Loca	al Government Emergency Bridge Loan, Department	of
Commerce):		

17. Requester Contact	Information			
a. First Name	Burt Last Name Saunders			
b. Organization	Collier County Board of County Commissioners			
c. E-mail Address	burt.saunders@colliercou	ntyfl.gov		
d. Phone Number	(239)252-8603 Ext .			
18. Recipient Contact Information				
a. Organization	Collier County			
b. Municipality and				
c. Organization Type				
□For Profit Entity				
□Non Profit 501(c	1(c)(3)			
□Non Profit 501(c	2)(4)			
☑Local Entity				
□University or Co	llege			
□Other (please sp	becify)			
d. First Name	Dan	Last Name	Summers	
e. E-mail Address	dan.summers@colliercountyfl.gov			
f. Phone Number	(239)252-3601	Ext.		
19. Lobbyist Contact I	nformation			
a. Name	Lisa M. Hurley			
b. Firm Name	SBM Partners, Inc.			
c. E-mail Address	Ihurley@SBMPartners.com			
d. Phone Number	(850)224-5081			

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