



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3300

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This funding request aims to enhance firefighter health and safety in Florida by combatting heart attacks, the leading cause of on-duty deaths. Traditional alarm systems trigger repeated fight-or-flight responses, increasing the risk of heart attacks. Consequently, heart attack deaths are up to 14 times more likely during alarm responses than non-emergency duties. Florida excels in supporting cancer initiatives; it's time to expand focus to cardiovascular health. Supporting this initiative will reinforce Florida's leadership in firefighter safety and reduce heart attack fatalities during emergency responses.

5. State Agency to receive requested funds

State Agency contacted?  No

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

| Type of Funding                    | Amount         |
|------------------------------------|----------------|
| Operating                          | 383,320        |
| Fixed Capital Outlay               | 0              |
| <b>Total State Funds Requested</b> | <b>383,320</b> |

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)       | 383,320        | 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 2025-2026</b> | <b>383,320</b> | <b>100%</b> |

8. Has this project previously received state funding?  No

If yes, provide the most recent instance:

| Fiscal Year<br>(YYYY-YY) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
|                          |           |              |                             |        |

9. Is future-year funding likely to be requested?  Yes

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

Federal (FEMA, AFG, DHS) or Local Municipal budget(s)

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



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**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         |
|--|---|----------------|
| <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                                | 100% of funding will go towards outfitting fire departments with tactile firefighter alerting technology. | 383,320        |
| 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>383,320</b> |

**13. Program Performance**

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

The specific goal of the requested funds is to reduce stress-related injuries and deaths for emergency responders by making tactile alerting systems accessible to more fire departments in FL. Tactile firefighter alerting systems use a combination of wearables and other personal alerting devices that vibrate to gently alert firefighters and reduce stress during an alert. This cutting edge technology has the potential to save lives and improve operational efficiency - both of which have been indicated by studies with emergency responders.

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



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Outfitting fire stations in the state of Florida with tactile alerting systems to reduce their stress and improve overall health outcomes. Specifically, sourcing & assembling hardware, outfitting stations with hardware, training responders how to use the system, monitoring the system, and providing support.

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

Services will be provided to fire departments and their first responders. In addition to improved health conditions for emergency responders, an expected result is improved emergency response services for citizens of Florida due to increased health and efficiency for the responders.

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

Target population is firefighters in Pinellas County, Florida. This project is expected to serve firefighters, paramedics, and other first responders who are currently alerted by audible alerting systems in their station. This project is expected to serve 500+ firefighters and 390,000 - 600,000 citizens.

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

The main expected benefit is improved cardiovascular and mental health for first responders by replacing or enhancing audible alerting systems with tactile alerting systems. Methodologies for measuring will include pre- and post-assessments of firefighter health at the fire stations that receive support. Initial data, gathered from firefighters using tactile alerting systems in the field, shows convincing evidence of tactile alerting systems improving firefighter health.

**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?**

Contractor shall deliver a written report that details how and why the deliverables were not met and how to overcome that issue moving forward.

**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:**



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**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**

**f. Phone Number**  **Ext.**

**19. Lobbyist Contact Information**

**a. Name**

**b. Firm Name**

**c. E-mail Address**



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d. Phone Number

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