Print

Measure Z Application for Funding 2026 - Submission #45191

Date Submitted: 2/26/2026

MEASURE Z APPLICATION SUBMISSION

Agency Name*

County of Humboldt - Dept of Aviation

Mailing Address* | **City*** | **Zip***

3561 | McKinleyville | 95519

Contact Person* | **Title***

Justin Hopman | Director of Aviation

Phone Number* | **Email***

7078395401 | jhopman@co.humboldt.ca.us

Project Title*

Turnout Gear Replacement

Funding Available

The estimated amount of Measure Z funding available for FY 2026-27 is $1.65 million.

1. Amount of Measure Z Funding Requested For FY 26-27*

23337.00

Agency Priority

2 - Second Priority

Agencies are encourage to submit one project per application. If your agency is submitting more than one application, please rank this application in terms of your agency's priority here.

SUMMARY OF REQUESTED EXPENSES

Item	$ Amount	% of Total
Salaries (wages)		

Salaries Amount*	**Salaries %***	
0	0	
Benefits	**Benefits Amount***	**Benefits %***
	0	0
Overhead and Occupancy (Administrative, Rent, Utilities, Phones, etc.)	**Overhead/Occupancy Amount***	**Overhead/Occupancy %***
	0	0
Equipment/Supplies/Services	**Equip./Services/Supplies Amount***	**Equipment/Services/Supplies %***
	23337.00	100
Transportation/Travel	**Transportation/Travel Amount***	**Transportation/Travel %***
	0	0
Fixed Assets	**Fixed Assets Amount***	**Fixed Assets %***
	0	0
TOTAL	**Total Amount of Application***	**TOTAL 100%**
	23337.00	

2. ENTITY TYPE*

- [x] Humboldt County Department
- [ ] Contract Service Provider to Humboldt County
- [ ] Local Government Entity
- [ ] Private Service Provider
- [ ] Non-Profit Service Provider
- [ ] Other (please describe)

ENTITY TYPE

If you selected other, please briefly describe the entity you represent.

3. Is this application a renewal or related to a project that has been funded by Measure Z in the past? *

No

If you checked “yes” please include the following:

1. a report detailing results from the most recent year the project was funded, and:
2. a completed Staffing Report detailing when the funded positions were filled during the most recent year you received funding for this project.

These documents must be uploaded in the "Required Attachments" section of this application.

4. Please provide a brief description of the proposal for which you are seeking funding.*

At the California Redwood Coast - Humboldt County Airport, the Aircraft Rescue and Firefighting (ARFF) team stands as the first line of defense in protecting lives, property, and critical aviation infrastructure during emergencies. These dedicated professionals respond to potential aircraft incidents involving intense heat, flames, fuel fires, structural hazards, and toxic exposures -- scenarios that demand the highest level of personal protective equipment (PPE).

Our current turnout gear inventory is now approaching expected service life. According to NFPA 1851 (Standard on Selection, Care, and Maintenance of Protective Ensembles for Structural Fire Fighting and Proximity Fire Fighting), protective clothing should be retired after 10 years of the date of manufacture. Outdated gear risks reduced resistance to heat transfer, increased vulnerability to flame impingement, and diminished ability to block hazardous particulates and chemicals; factors that directly elevate the risk of burn injuries, heat stress and long-term health effects of our firefighters.

The Airport is asking for assistance with the replacement of 6 sets of turnout gear. This gear will include new pants, jacket, boots, helmet, gloves and Nomex hoods.

5. Describe how the scope of your proposal fits the intent of Measure Z. Specifically, how will it maintain and improve public safety and essential services?*

This assistance will help protect our 1st responders from the hazards of ARFF duties. They can be better prepared and confident in their protective gear in the event of an emergency. This in-turn helps maintain an essential public safety service.

6. What geographic area(s) and population(s) will be served by this project? Please indicate whether services will be provided countywide or in specific communities.*

This project would serve guests and the traveling public and the California Redwood Coast - Humboldt County Airport.

7. How have you developed a plan for sustainability, including diversification of funding sources, for your proposal to carry on without reliance on future Measure Z funds? Please provide detail of your plan for sustainability here.*

Currently, the only other funding method for this project is with local funds.

8. If this request is for the continuation or expansion of an existing program/service, what is the current source of funding for that program/service?*

N/A

9. If you are awarded Measure Z funds, how do you plan to leverage these funds to secure additional grants, contributions or community support? *

We are not seeking additional grants for this project.

10. Will this proposal require new or expanded activity on the part of another entity to be fully functional and effective? If so, name that entity and describe what that participation would look like. *

No

11. Are there recurring expenses associated with this application, such as personnel cost? *

No

If you checked yes, please detail those expenses here.

Please note, the Citizens' Advisory Committee in May, 2023, adopted a stance that it would not recommend funding for new, ongoing county positions.

12. If awarded less than the full amount requested, could the proposed project still be implemented? If yes, please identify the minimum funding amount required for the project to remain feasible and describe any changes to scope or outcomes.*

Yes, we could, but we would need to phase the project over several years. Each set is approximately $3,889.50 therefore, that would be the minimum amount to get started.

REQUIRED ATTACHMENTS

Be sure to include the following with your application.

Prior Year Results

If your request is a continuation of a program funded with Measure Z in prior fiscal years, please provide the results of implementation. (one page maximum)

Upload Prior Year Results Attachment

Choose File No file chosen

Program Budget

Download the budget narrative, then upload using the button at right.

Upload Program Budget Attachment*

Measure Z Proposed Budget Template - FY 2025-26 ACV Gear.xlsx

Staffing Report

If your request was previously funded, please download and complete the staffing report, then upload it using the option provided here.

Upload Staffing Report Attachment

Choose File No file chosen

Letters of Support

If you have letters of support from members of the community you can upload them here.

Upload Letters of Support

Choose File No file chosen

I declare under penalty of perjury under the laws of the State of California that the above statements and all attachments are true and correct.

Date*

2/26/2026

10:30 AM

Signature*

Justin Hopman

Type Approving Official's Name

Measure Z Agenda Notifications

Sign up on our website to be notified when Measure Z agendas are posted. The applications are discussed in open session and it is often valuable for applicants to attend in person or virtually to address the committee.

Exhibit E - Proposed Budget

Agency Name:	**Dept of Aviation**	**Address:**	**3561 Boeing Ave McKinleyville, CA 95519**
Coordinator/Contac	**Justin Hopman**	**Phone:**	**7078395401**

Descriptions	**Requested Budget**	**Current Quarter Costs**	**Total of Prior Quarter Costs**	**Remaining Balance**
A. Personnel Costs				
Title:				
Salary (separate from benefits cost)				0.00
Benefits				0.00
Duties Description:				
Title:				
Salary (separate from benefits cost)				0.00
Benefits				0.00
Duties Description:				
Title:				
Salary (separate from benefits cost)				0.00
Benefits				0.00
Duties Description:				
Salaries Subtotal	*0.00*	*0.00*	*0.00*	*0.00*
Benefits Subtotal	*0.00*	*0.00*	*0.00*	*0.00*
Total Personnel:	**0.00**	**0.00**	**0.00**	**0.00**
B. Overhead and Occupancy Costs (Rent, Utilities, Phones, Administrative etc.)				
Title:				
Description:				
Title:				
Description:				
Total Overhead and Occupancy Costs:	**0.00**	**0**	**0**	**0**
C. Equipment/Supplies/Services (Equipment, Supplies and Services should be separate)				
Title: **Equipment**				
Description: (Please be detailed regarding the equipment you plan to . These expenses are generally over $200, longer useful life)				
Title: ARFF Turnout Gear				
Description: Jacket, pants, boots, helmet, gloves, nomex hood	23,337.00			
Equipment Subtotal:	*23,337.00*	*0*	*0*	*23337*
Title: **Supplies**				
Description: (Please be detailed. These expenses are generally under $200, depleted or consumed within 1 year)				
Title:				
Description:				
Supplies Subtotal:	*0.00*	*0*	*0*	*0*
Title: **Services/Other Operational Costs**				
Description: (Please be detailed. These expenses are generally professional or contracted services, or other expenses that are not equipment or				
Title:				
Description:				
Services/Other Subtotal:	*0.00*	*0*	*0*	*0*
Total Equipment/Supplies/Services:	**23,337.00**	**0**	**0**	**23337**
D. Transportation/Travel (Local and Out-of-County should be separate)				
Title: Local Travel				
Description: Describe local travel and connection to your project				
Title: Out of County Travel				
Description: Describe out of county travel and connection to your project				
Total Transportation/Travel Costs:	**0.00**	**0**	**0**	**0**
E. Fixed Assets (According to your agency's definition of a fixed asset)				
Title:				
Description:				
Title:				
Description:				
Total Fixed Asset Costs:	**0**	**0**	**0**	**0**

	Requested Budget	**Current Quarter Costs**	**Prior Quarter Costs**	**Remaining Balance**
Totals	23,337.00	0.00	0.00	23,337.00