

Print

Measure Z Application for Funding 2026 - Submission #45140

Date Submitted: 2/24/2026

MEASURE Z APPLICATION SUBMISSION

Agency Name*

County of Humboldt - Dept of Aviation

Mailing Address*

3561 Boeing Ave

City*

McKinleyville

Zip*

95519

Contact Person*

Justin Hopman

Title*

Director of Aviation

Phone Number*

7078395401

Email*

jhopman@co.humboldt.ca.us

Project Title*

ARFF Truck Replacement Local Match

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*

68827.00

Agency Priority

1 - Top 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*

0

Salaries %*

0

Benefits

Benefits Amount*

0

Benefits %*

0

Overhead and Occupancy

(Administrative, Rent, Utilities, Phones, etc.)

Overhead/Occupancy Amount*

0

Overhead/Occupancy %*

0

Equipment/Supplies/Services

Equip./Services/Supplies Amount*

0

Equipment/Services/Supplies %*

0

Transportation/Travel

Transportation/Travel Amount*

0

Transportation/Travel %*

0

Fixed Assets

Fixed Assets Amount*

68827.00

Fixed Assets %*

100

TOTAL

Total Amount of Application*

68827.00

TOTAL 100%

2. ENTITY TYPE*

- 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.*

The California Redwood Coast - Humboldt County Airport has been awarded a grant by the Federal Aviation Administration to replace the current Airport Rescue and Fire Fighting Truck, also known as an ARFF truck. The current ARFF truck is at the end of its useful lifespan. The total cost to replace the current fire apparatus is \$1,257,690.00 with \$68,827 designated as the local match or airports responsibility. The fire apparatus is currently ordered from the manufacturer with an expected delivery at the end of this calendar year.

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?*

Currently, the Department of Aviation is tasked with providing primary airport crash fire rescue services for the California Redwood Coast - Humboldt County Airport. This service is essential for the safety of the traveling public. Over the past several years, the airport has added more and more flights to ACV, which increases the probability of an accident. The current ARFF truck is aging out and is due for replacement. The new truck will not only be more reliable, which will help us be continuously ready to respond to an event, but also have a new, more environmentally friendly foam system. The current system relies on foam made with PFAS also known as 'forever chemicals' to put out an aircraft fire. The new foam system will utilize fluorine-free foam which is effective for knocking down gasoline and Jet-A fires and is less dangerous to the environment.

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 new ARFF truck will only be used at the California Redwood Coast - Humboldt County Airport as required by the Federal Aviation Administration.

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.*

This capital purchase is primarily funded by a grant through the Federal Aviation Administration, with a small portion, the amount we are asking for with Measure Z, being the responsibility of the Airport.

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? *

Our \$68,827 request is leveraged to purchase a \$1,257,690.00 piece of equipment!

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. *

N/A

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

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.

No

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, ideally the full \$68,827.00 would make a huge difference to the Airports budget, but if we received a lessor amount, the project would still continue.

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 Airport.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*

2/24/2026

01:30 PM

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 - County of Humboldt	Address: 3561 Bo
Coordinator/Contact: Justin Hopman	Phone: 7078395401

Descriptions	Requested Budget	Current Quarter Costs	Total of Prior Quarter Costs	Remaining Balance
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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:				

<i>Salaries Subtotal</i>	0.00	0.00	0.00	0.00
<i>Benefits Subtotal</i>	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
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C. Equipment/Supplies/Services (Equipment, Supplies and Services should be separate)

Title: Equipment (Please be detailed regarding the equipment you plan to . Description: These expenses are generally over \$200, longer useful life)				
Title: Description:				
<i>Equipment Subtotal:</i>				
	0.00	0	0	0

Title: Supplies (Please be detailed. These expenses are generally under Description: \$200, depleted or consumed within 1 year)				
Title: Description:				
<i>Supplies Subtotal:</i>				
	0.00	0	0	0

Title: Services/Other Operational Costs (Please be detailed. These expenses are generally professional or Description: contracted services, or other expenses that are not equipment or				
Title: Description:				
<i>Services/Other Subtotal:</i>				
	0.00	0	0	0

Total Equipment/Supplies/Services:	0.00	0	0	0
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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
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E. Fixed Assets (According to your agency's definition of a fixed asset)

Title: Oshkosh Striker ARFF Truck Description: Replacement fire truck for ACV Airport	68,827.00			
Title: Description:				

Total Fixed Asset Costs:	68827	0	0	68827
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Totals	68,827.00	0.00	0.00	68,827.00
	Requested Budget	Current Quarter Costs	Prior Quarter Costs	Remaining Balance