



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

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**
4. **Project/Program Description**

5. **State Agency to receive requested funds**  
State Agency contacted?      Yes      No

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

Type of Funding	Amount
Operating	
Fixed Capital Outlay	
<b>Total State Funds Requested</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)		%
<b>Matching Funds</b>		
Federal		%
State (excluding the amount of this request)		%
Local		%
Other		%
<b>Total Project Costs for Fiscal Year 2025-2026</b>		%



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8. **Has this project previously received state funding?**      Yes      No  
 If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future-year funding likely to be requested?**      Yes      No
- a. If yes, indicate nonrecurring amount per year.
  - b. Describe the source of funding that can be used in lieu of state funding.

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

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)?      Yes      No
- 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.**



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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		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		



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## 13. Program Performance

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

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

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

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

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

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?



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

Yes      No *(Skip Questions 15 and 16)*

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:

**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):



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**Please complete questions 17 through 21 for Water Projects only.**

**17. Have you been awarded or applied for alternative state funding for this project?**

Water Quality Improvement Grant Program

Resilient Florida Grant Program

Wastewater Revolving Loan

Drinking Water Revolving Loan

Small Community Wastewater Treatment Grant

Other (please specify, ex. Alternative Water Supply Grants)

N/A

**18. What is the population economic status?**

Financially Disadvantaged Community (ch. 62-552, F.A.C.)

Financially Disadvantaged Municipality (ch. 62-552, F.A.C.)

Rural Area of Economic Concern

Rural Area of Opportunity (s. 288.0656, Florida Statutes)

N/A

**19. What is the status of construction?**

**20. What percentage of the construction has been completed?**

**21. What is the estimated completion date of construction?**



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

## 22. Requester Contact Information

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext

## 23. 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

## 24. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.

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