



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1011

1. Project Title
2. Senate Sponsor
3. Date of Request

**4. Project/Program Description**

Due to unprecedented growth, we are building a new operations center to address the limitations of our current facilities, which can no longer accommodate the city's operational needs. This facility will house Development Services and Information Technology, providing the space and resources necessary to meet the demands of our expanding community. By centralizing these essential services, the new center will enhance efficiency, improve service delivery, and prepare the city for future growth.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	2,000,000
<b>Total State Funds Requested</b>	<b>2,000,000</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)	2,000,000	10%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	18,000,000	90%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>20,000,000</b>	<b>100%</b>

8. Has this project previously received state funding?

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?

a. If yes, indicate nonrecurring amount per year.

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

local funds

**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)?** Yes

**c. What is the estimated start date of construction?** 2/1/2025

**d. What is the estimated completion date of construction?** 07/01/2026

**e. What funding stream will be used for ongoing operations and maintenance of the project?**

Local

**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.**

City of Haines City

**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		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Construction	2,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,000,000</b>

**13. Program Performance**

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

Development Services facilitates and regulates growth to align with Haines City's vision, safety standards, and regulations. It includes development review, permitting, zoning enforcement, inspections, and business tax receipts. The facility will also house IT infrastructure, supporting critical city operations and service delivery.

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



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1. Development Review and Approval: Streamlined processes for reviewing and approving residential, commercial, and industrial development projects, ensuring compliance with city regulations.
2. Permitting Services: Efficient issuance of building permits for construction, renovations, and other projects.
3. Zoning Enforcement: Guidance and enforcement of zoning codes to ensure responsible and safe development within the city.
4. Inspections: Timely and thorough building inspections to ensure structures meet safety and regulatory standards.
5. Business Tax Receipts: Simplified processes for obtaining and renewing business licenses, supporting local entrepreneurs.
6. IT Infrastructure Support: Improved digital connectivity and technological resources for city operations, enhancing citizen access to online services and municipal information.

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

1. Development Review and Approval: Streamlined processes for reviewing and approving residential, commercial, and industrial development projects, ensuring compliance with city regulations.
2. Permitting Services: Efficient issuance of building permits for construction, renovations, and other projects.
3. Zoning Enforcement: Guidance and enforcement of zoning codes to ensure responsible and safe development within the city.
4. Inspections: Timely and thorough building inspections to ensure structures meet safety and regulatory standards.
5. Business Tax Receipts: Simplified processes for obtaining and renewing business licenses, supporting local entrepreneurs.
6. IT Infrastructure Support: Improved digital connectivity and technological resources for city operations, enhancing citizen access to online services and municipal information.

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

General

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

1. Improved Service Delivery: Centralized and streamlined Development Services and IT operations will enhance efficiency, reduce wait times, and provide faster, more reliable services to residents and businesses.
2. Economic Growth: Timely development approvals, permitting, and business licensing, to foster economic activity, attract new business.
3. Operational Efficiency: Modernized facilities and integrated IT infrastructure will improve communication, data management, and overall city operations, benefiting internal and public interactions.
4. Community Safety and Compliance: Enhanced inspection services will ensure development aligns with safety codes and regulations, protecting public health and well-being.
5. Capacity for Future Growth: The new facility addresses current space limitations and prepares Haines City for its unprecedented population and economic growth effectively.
6. Enhanced Citizen Engagement: Improved access to city services and information technology.

**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?**

City will repay any allocated funding.

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):**



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**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):**

**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)



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- 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

d. Phone Number

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