

1. Project Title

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

Micanopy Public Recreation Facility Improvements

LFIR # 1510

2. Senate Sponsor	Stan McClain				
3. Date of Request	2/12/2025				
4. Project/Program D	escription				
the only available no operation. This lack during weekends ar	earby restrooms ar of accessible publ nd evenings. A ded	e located in the Tov ic restrooms poses icated public restroo	vn Hall and the library a significant inconven	, both of which have ience to residents a ly enhance the com	oric District. Currently, e limited hours of nd visitors, particularly fort and experience of
5. State Agency to re	· •		nent of Environmental		
State Agency conta	acted? No	•		Trotection	
6. Amount of the Non	recurring Reques	t for Fiscal Tear 20		mt	
Type of Funding Operating			Amo	O	
Fixed Capital Outlay	<i>I</i>			375,000	
Total State Funds				375,000	
				, ,	
7. Total Project Cost f	for Fiscal Year 20	25-2026 (including	matching funds ava	ilable for this proje	ect)
Type of Funding			Amount	Percentage	
Total State Funds R	Requested (from qu	estion #6)	375,000	80%	
Matching Funds					
Federal			0	0%	
State (excluding the	amount of this rec	uest)	0	0%	
Local			93,750	20%	
Other			0	0%	
Total Project Costs	s for Fiscal Year 2	2025-2026	468,750	100%	
8. Has this project pr If yes, provide the	•		No		
Fiscal Year		ount	Specific Appropriation #	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
					I
9. Is future-year fund	ing likely to be re	quested?	No		
a. If yes, indicate n	onrecurring amo	unt per year.			
b. Describe the so	urce of funding th	at can be used in	lieu of state funding.		



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J.	Status of Constru	uction					
á	a. What is the cur	rent phase of the	project?				
	Planning	O Design	Construction	O N/A			
ı	b. Is the project "	shovel ready" (i.	e permitted)?		No		
(c. What is the est	imated start date	of construction?		09/30/2025		
(d. What is the est	imated completion	on date of construc	tion?	12/30/2026		
•	e. What funding s	stream will be use	ed for ongoing ope	rations a	nd maintenance of	the project?	
	Parks and Rec fu	ınds					
1.			receive, directly or of the facility and		y, any fixed capital /.	outlay funding	. Include the
	Town of Micanor	Town of Micanopy					

12. Details on how the requested state funds will be expended

Spending Category	Description	Amount			
Administrative Costs:					
Executive Director/Project Head Salary and Benefits		0			
Other Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/Other		0			
Consultants/Contracted Services/Study		0			
Operational Costs					
Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/Other		0			
Consultants/Contracted Services/Study		0			
Fixed Capital Construction/Major	r Renovation:				
Construction/Renovation/Land/ Planning Engineering	Installation of a public restroom facility in the Historic District	375,000			
Total State Funds Requested (m	ust equal total from question #6)	375,000			

13. Program Performance

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

The goal is to install public restroom facilities in Micanopy's Historic District. Dedicated public restrooms would greatly enhance the comfort and experience of visitors to the historic district, promoting tourism and support of local businesses.

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

Public restrooms in the Historic District will allow for an increase in residents and visitors to enjoy the District, especially during weekends and evenings when the only available restrooms currently available, which are located in Town Hall and the library, have limited hours of operation.

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



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Public restrooms will allow residents and visitors to increase the amount of time they spend in the Historic District.

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

Town of Micanopy - 652; plus visitors/tourists to the Historic District (Visitors to Historic Society = 4,794 between August 2023 to July 2024)

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

The expected benefit is the installation of public restroom facilities, allowing increased tourism and increased economic activity as well as improvements in physical health. Observational studies can monitor restroom usage and see increases in funds spent at local businesses, and an increase in tourists to the District.

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?

ithholding

	if the project does not meet the standards of the department the effect will be addressed through permitting, with payment, invoice reduction, corrective action plan, and termination of agreement.
14. Is	this project related to mitigation, response, or recovery from a natural disaster? No
a. l	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 infastructure)
b.	Name of the natural disaster (or Executive Order # for events not under a federal declaration):
15. H	as the entity applied for or received federal assistance for this project?
	I Yes, Applied
	I Yes, Received
	l No
	No, but intends to apply
a. l	If yes, provide the FEMA project worksheet ID#:
b.	Provide the total project cost listed on the FEMA project worksheet:
16. H	as the entity applied for or received state assistance for this project (other than this request)?
	I Yes, Applied
	I Yes, Received
	l No



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☐ No, but intends to a. If yes, specify the		n and state agei	ncy (ex. Loca	ıl Governmen	t Emergenc	y Bridge Lo	an, Departm
Commerce):							
7. Requester Contact	Informat	ion					
a. First Name	Sara		Last Name	Samario			
b. Organization	Town of Micanopy SSamario@micanopytown.com						
c. E-mail Address							
d. Phone Number	(352)466	-3121	Ext.				
	-						
8. Recipient Contact							
a. Organization		Micanopy					
b. Municipality and	-	Alachua					
c. Organization Ty	oe						
□For Profit Entity							
□Non Profit 501(c	:)(3)						
□Non Profit 501(c	(4)						
☑Local Entity							
□University or Co	lleae						
□Other (please sp	_						
Doner (piease sp	occity)		٦ .			1	
d. First Name	Patty		Last Name	Polk]	
e. E-mail Address	ppolk@n	nicanopytown.co	m ¬				
f. Phone Number	(352)466	-3121	Ext.				
). Lobbyist Contact I	nformatio	on					
a. Name	None						
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.