

1. Project Title

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

Mascotte Recreation Complex Lighting Improvements

**LFIR # 1899** 

2. Senate Sponsor	Keith Truenow				
3. Date of Request	2/11/2025				
4. Project/Program D	escription				
aims to enhance the and accommodating installation of high-	te is seeking funding to prove e usability and safety of the g the growing demand for re quality, energy-efficient lighti ace the risk of accidents, and	baseball an creational s ng systems	d soccer fields, allowi sports activities in the This investment will	ng for extended hou community. The pro- significantly improve	urs of play and practice, pject will involve the
5. State Agency to re	ceive requested funds	Departme	ent of Environmental	Protection	
State Agency conta	acted? No				
			05 0000		
b. Amount of the Non	recurring Request for Fisc	ai Year 20.	25-2026		
Type of Funding			Amo	unt	
Operating				0	
Fixed Capital Outlay				225,000	
Total State Funds	Requested			225,000	
7. Total Project Cost f	for Fiscal Year 2025-2026 (	(including	matching funds avai	lable for this proje	ect)
Type of Funding			Amount	Percentage	
Total State Funds R	Requested (from question #6	5)	225,000	100%	
Matching Funds					
Federal			0	0%	
State (excluding the	amount of this request)		0	0%	
Local			0	0%	
Other			0	0%	
<b>Total Project Costs</b>	s for Fiscal Year 2025-2020	6	225,000	100%	
	eviously received state fu most recent instance:	nding?	No		
Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring Nonr	ecurring	Appropriation #		
9. Is future-year fund	ing likely to be requested	?	No		
a. If yes, indicate n	onrecurring amount per y	ear.			
•	urce of funding that can b		iou of state funding		
b. Describe the SO	uroe or runding that call b	c uscu III II	eu oi state iuilullig.		



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J.	Status of Constru	uction					
ä	a. What is the cur	rent phase of t	he project?				
	Planning	O Design	<ul><li>Construction</li></ul>	O N/A			
ŀ	o. Is the project "	shovel ready" (	(i.e permitted)?		Yes		
(	c. What is the est	imated start da	te of construction?		08/01/2025		
(	d. What is the est	imated comple	tion date of construc	tion?	02/28/2026		
•	e. What funding s	stream will be u	sed for ongoing ope	rations a	nd maintenance	of the project?	
	General Revenue	e Fund.					
_							
1.			o receive, directly or rs of the facility and			al outlay fundin	g. Include the
	City of Mascotte						

### 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 Renovation:							
Construction/Renovation/Land/ Planning Engineering	Provision and installation of Recreation Complex sports field lighting.	225,000					
Total State Funds Requested (m	Total State Funds Requested (must equal total from question #6) 225,0						

### 13. Program Performance

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

The specific goal will be to provide and install improved field lighting for the baseball and soccer fields at the city's recreation complex.

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

The activities and services provided include significantly enhancing visibility during evening hours, reducing the risk of accidents, and supporting the growth of community sports programs.

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



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The direct services include improved field lighting at the Mascotte Recreation Sports Complex, enhancing visibility during

	ening nours, reducing the risk of accidents, and supporting the growth of community sports prog tended hours of play and practice.	rams by allowing
d. V	Who is the target population served by this project? How many individuals are expected	to be served?
Cit	ity of Mascotte - population - 8,536	
	What is the expected benefit or outcome of this project? What is the methodology by whi measured?	ch this outcome will
Th allo	ne expected benefit is allowing city residents to safely enjoy the fields at the sports complex into owing for extended baseball and soccer practice and play time.	the evening hours,
	What are the suggested penalties that the contracting agency may consider in addition to failing to meet deliverables or performance measures provided for in the contract?	its standard penalties
Pe	ermitting, withholding payment, invoice reduction, corrective action plan, termination of agreeme	nt.
14. Is th	his project related to mitigation, response, or recovery from a natural disaster? No	
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 in	fastructure)
b. Na	ame of the natural disaster (or Executive Order # for events not under a federal declaration	on):
15. Has	s the entity applied for or received federal assistance for this project?	
□Y	Yes, Applied	
□Y	Yes, Received	
□N	No	
□N	No, but intends to apply	
a. If y	yes, provide the FEMA project worksheet ID#:	
b. Pr	rovide the total project cost listed on the FEMA project worksheet:	
16. Has	s the entity applied for or received state assistance for this project (other than this reque	st)?
□Y	Yes, Applied	
□Y	Yes, Received	
□N	No	
□N	No, but intends to apply	



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a. If yes, specify the Commerce):	e progran	i and state ager	ncy (ex. Loca	ai Governi	ment Em	ergeno
Requester Contact	t Informat	ion				
a. First Name	Dolly		Last Name	Miller		
b. Organization	City of M	ascotte				
c. E-mail Address	dolly.mille	er@@cityofmaso	cotte.com			
d. Phone Number	(352)557	-8809	Ext.			
Recipient Contact	Information	on				
a. Organization	City of M	ascotte				
b. Municipality and	d County	Lake				
c. Organization Ty	pe					
□For Profit Entity						
□Non Profit 501(d	c)(3)					
□Non Profit 501(d	c)(4)					
☑Local Entity						
□University or Co	llege					
☐Other (please sp	pecify)					
d. First Name	Annamar	ie	Last Name	Reno		
e. E-mail Address	annamar	e.reno@cityofm	ascotte.com			
f. Phone Number	(352)557	-8808	Ext.			
Lobbyist Contact I	nformatio	n				
a. Name	Christop	her T. Dawson				
b. Firm Name	GrayRob	inson PA				
c. E-mail Address	chris.dav	vson@gray-robin	son.com			
d. Phone Number	(407)843	-8880				

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