

1. Project Title

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

Trout Lake Nature Center Education Complex Expansion Phase 3

LFIR # 1910

. Senate Sponsor	Keith Truenow					
. Date of Request	2/12/2025					
. Project/Program De	escription					
exhibit area along w	rith specialized storag	ge area for	specime	upgrading HVAC sys ens, taxidermy moun rooms, offices, lobby	ts and exhibit ma	ssrooms and teaching terials. The constructing g spaces.
5. State Agency to re	ceive requested fur	nds D	epartme	ent of Commerce		
State Agency conta	acted? No		•			
. Amount of the Non	recurring Request f	for Fiscal Y	ear 202	25-2026		
Type of Funding				Amo	unt	
Operating						0
Fixed Capital Outlay	<u> </u>				1,000,00	
Total State Funds I	Requested				1,000,00	00
Total Project Cost t					•	
Type of Funding				Amount	Percentage	
Type of Funding	equested (from ques	stion #6)		Amount 1,000,000	Percentage 50°	%
Type of Funding		stion #6)				%
Type of Funding Total State Funds R Matching Funds Federal	equested (from ques	,			500	%
Type of Funding Total State Funds R Matching Funds Federal		,		1,000,000	500	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local	equested (from ques	,		1,000,000 0 0 500,000	50° 0° 0° 25°	% % %
Type of Funding Total State Funds R Matching Funds Federal State (excluding the	equested (from ques	,		1,000,000	50°	% % %
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	equested (from ques	est)		1,000,000 0 0 500,000	50° 0° 0° 25°	% % % %
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profif yes, provide the	equested (from quest e amount of this request s for Fiscal Year 202 eviously received somost recent instance	est) 25-2026 state fundinge:	g?	1,000,000 0 500,000 500,000 2,000,000 Yes	50° 0° 25° 25° 100°	% % % %
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs	equested (from questamount of this requests for Fiscal Year 202	est) 25-2026 state fundinge:		1,000,000 0 500,000 500,000 2,000,000	50° 0° 0° 25° 25°	% % % %
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the	equested (from questamount of this requests for Fiscal Year 202 eviously received sometimest and Amore	est) 25-2026 state fundince: unt Nonrecu		1,000,000 0 500,000 500,000 2,000,000 Yes Specific Appropriation #	50° 0° 25° 25° 100°	% % % %

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



1

Directors.

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

LFIR # 1910

Planning	Design	Construction	O N/A			
b. Is the project	"shovel ready" ((i.e permitted)?		No		
c. What is the estimated start date of construction?				01/01/2026		
d. What is the estimated completion date of construction? 01/01/2027						
e. What funding	stream will be u	sed for ongoing ope	rations a	nd maintenance of	the project?	
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.						

Trout Lake Nature Center, Inc., is an independent non-profit under the direction of a Board of

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

a. What is the current phase of the project?

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	Engineering, permitting and construction of building, furnishing of building and exhibit design and installation and Independent Audit	1,000,000		
Total State Funds Requested (m	ust equal total from question #6)	1,000,000		

13. Program Performance

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

The renovation of an existing education building including upgrading HVAC system, creating classrooms and teaching exhibit area along with specialized storage area for specimens, taxidermy mounts and exhibit materials. The construction of new buildings to house a natural history museum, meeting rooms, offices, lobby area and teaching spaces.

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

Construct indoor and outdoor teaching areas, new natural history museum to replace aging museum double-wide, outdoor accessible restrooms, community meeting spaces and additional exhibit and education storage with administrative offices.

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



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

LFIR # 1910

Being the ONLY nature center in Lake County and having reached maximum capacity, the Center will expand its education programs and events, and add new programs for the community, families and youth. This will include concurrent programs, business retreats and professional development training. Exhibits would be placed in climate controlled exhibit area.

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

TLNC works with all groups (from young to old) ethnicities and groups including physically challenged. Currently, during an average year about 30,000 are served with direct programming. With expansion of our facilities and exhibits, we anticipate this number increasing each year.

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

Research shows getting out and connecting with nature improves both physical and mental health TLNC provides school field experiences and in-school programs along with nature-based education to schools, the community and families. TLNC works to improve the habitat and ecosystems found on its property to increase biodiversity and protect the opportunity for visitors to see wildlife in its natural environment. Exposure to natural area may increase people's appreciation for natural areas and understanding of their functions while contributing to the mental and physical health. TLNC works to remove exotics on its property and educate the public about how they can help remove and protect against the proliferation of exotics in Florida which impact our economy, agriculture and more. By expanding our facilities, we will be better able to meet the needs of future visitors and increase visitor numbers which will have a positive impact on the area's economy.

Remove invasive exotics 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? Typical penalties will be applied to all contractors that do not perform work as contracted. 14. Is this 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 infastructure) 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:



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

LFIR # 1910

16. Has the entity app	lied for or received state	assistance f	or this projec	t (other tha	n this request)?	
☐ Yes, Applied						
☐ Yes, Received						
□ No						
☐ No, but intends t	o apply					
a. If yes, specify th	e program and state agen	ncy (ex. Loca	al Governmen	t Emergenc	y Bridge Loan, Department	of
Commerce):						
17. Requester Contact	t Information					
a. First Name	Eileen	Last Name	Tramontana			
b. Organization	Trout Lake Nature Center	, Inc.				
c. E-mail Address	TLNC.director@gmail.con	n				
d. Phone Number	(352)357-7536	Ext.				
18. Recipient Contact						
a. Organization	Trout Lake Nature Center	, Inc.		1		
b. Municipality and	-					
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	Eileen	Last Name	Tramontana			
e. E-mail Address	TLNC.director@gmail.con	n				
f. Phone Number	(352)357-7536	Ext.				
19. Lobbyist Contact I	nformation			_		
a. Name	None					
b. Firm Name						
c F-mail Address						



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

LFIR # 1910

d. Phone Number	

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