



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2184

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

**4. Project/Program Description**

The goal of this request is to acquire the Ponce Deleon NSB property in Volusia County, proximate to the Ponce de Leon Inlet, for the purposes of land and water conservation. All funding provided in this request shall be made available to the St. Johns River Water Management District (SJRWMD) for the use of acquiring the land. Once the agency receives the funds for this request, funding provided in this request shall be transferred to SJRWMD within 30 days of the receipt of funds.

5. **State Agency to receive requested funds**

**State Agency contacted?**  No

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

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	19,720,000
<b>Total State Funds Requested</b>	<b>19,720,000</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)	19,720,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>19,720,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  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?**  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**



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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)?** No

**c. What is the estimated start date of construction?** 07/01/2025

**d. What is the estimated completion date of construction?** 07/01/2025

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

St. Johns River Water Management District (SJRWMD) will be responsible for maintenance of land upon purchase.

**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.**

St. Johns River Water Management District (SJRWMD) will use funding for acquiring the land. Once the agency receives the funds for this request, funding provided in this request shall be transferred to SJRWMD within 30 days of the receipt of funds.

**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	Acquisition of the Ponce Deleon NSB property in Volusia County, proximate to the Ponce de Leon Inlet, for the purposes of land and water conservation.	19,720,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>19,720,000</b>

**13. Program Performance**

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

The protection and management of conservation lands, water, and natural habitat.

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

Purchase of development rights will achieve this goal.



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

Preservation of environmentally sensitive lands rather than development.

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

All citizens of Florida.

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

Environmentally sensitive lands will be preserved from development.

**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?**

Contractual penalties consistent with the rural family lands protection program.

**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 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



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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)
- Local Entity
- University or College
- Other (please specify) LLC

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.*