

**LFIR # 2186** 

Type of Funding Operating 0 Fixed Capital Outlay 30,800,000 Total State Funds Requested 30,800,000									
3. Date of Request  2/6/2025  4. Project/Program Description  The goal of this request is to acquire the Kirkland Ranch in Pasco County for the purposes of land and water conservation. All funding provided in this request shall be made available to the Southwest Florida Water Management District (SWFWMD) for the use of acquiring the Kirkland Family Ranch located in Pasco County, Once FDEP receives the funds for this request, funding provided in this request shall be transferred to SWFWMD within 30 days of the receipt of funds.  5. State Agency to receive requested funds  Department of Environmental Protection  State Agency contacted?  No  6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026  Type of Funding  Amount  Operating  Operating  Total State Funds Requested (from question #6)  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)  30,800,000  100%  Matching Funds  Federal  O 0 0%  State (excluding the amount of this request)  O 0 0%  Total Project Costs for Fiscal Year 2025-2026  30,800,000  100%  As this project previously received state funding?  If yes, provide the most recent instance:  Fiscal Year  Amount  Specific  Appropriation #  Specific  Appropriation #  No  It yes, indicate nonrecurring amount per year.	1.	Project Title	Kirkland Ranch L	and Acquis	ition				
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The goal of this request is to acquire the Kirkland Ranch in Pasco County for the purposes of land and water conservation. All funding provided in this request shall be made available to the Southwest Florida Water Management District (SWFWMD) for the use of acquiring the Kirkland Family Ranch located in Pasco County. Once FDEP receives the funds for this request, funding provided in this request shall be transferred to SWFWMD within 30 days of the receipt of funds.  5. State Agency to receive requested funds  Department of Environmental Protection  State Agency contacted?  No  6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026  Type of Funding  Operating  Amount  Operating  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)  State (excluding the amount of this request)  Amount  Pederal  O 0%  State (excluding the amount of this request)  Other  Other  Other  Amount  Specific  Amount  Specific  Amount  Specific  Appropriation #  9. Is future-year funding likely to be requested?  a. If yes, indicate nonrecurring amount per year.	3.	Date of Request	2/6/2025						
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Type of Funding Operating	5.	State Agency to rece	eive requested fui	nds D	epartme	ent of Environmental	Protection		
Type of Funding Operating		State Agency contac	ted? No						
Type of Funding Operating State Capital Outlay Suppose State Funds Requested  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) Outlook Matching Funds Federal Outlook State (excluding the amount of this request) Outlook Other Outlook Other Outlook Total Project Costs for Fiscal Year 2025-2026 Outlook State (excluding the most recent instance:  Fiscal Year (yyyy-yy) Recurring Nonrecurring Appropriation #  9. Is future-year funding likely to be requested? a. If yes, indicate nonrecurring amount per year.		•							
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Matching Funds Federal 0 0 0% State (excluding the amount of this request) 0 0% Local 0 0% Other 0 0% Total Project Costs for Fiscal Year 2025-2026 30,800,000 100%  8. Has this project previously received state funding? If yes, provide the most recent instance:  Fiscal Year Amount Specific Vetoed (yyyy-yy) Recurring Nonrecurring Appropriation #  9. Is future-year funding likely to be requested? a. If yes, indicate nonrecurring amount per year.									
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State (excluding the amount of this request)  Local  Other  Other		_							
Local   0 0 0%     Other				()					
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a. If yes, indicate nonrecurring amount per year.		(уууу-уу)	Recurring	Nonrecu	rring	Appropriation #			
a. If yes, indicate nonrecurring amount per year.									
b. Describe the source of funding that can be used in lieu of state funding.		•				No			
		b. Describe the sour	ce of funding tha	t can be us	ed in li	eu of state funding.			



**LFIR # 2186** 

No 07/01/2025 07/01/2025 d maintenance of the project?				
07/01/2025 07/01/2025				
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07/01/2025				
d maintenance of the project?				
any fixed capital outlay fundir	ng. Include the			
scrintion	Amount			
scription	Amount			
	(			
	(			
	(			
Construction/Renovation/Land/ Planning Engineering  Purchase of land at market appraisal value.				
6)	30,800,000			
	scription			

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



**LFIR # 2186** 

All citizens of Florida.	
e. What is the expected benefit or outcome of this p be measured?	roject? What is the methodology by which this outcome will
Environmentally sensitive lands will be preserved from	development.
f. What are the suggested penalties that the contract for failing to meet deliverables or performance means	ting agency may consider in addition to its standard penaltie sures provided for in the contract?
Contractual penalties consistent with the rural family la	nds protection program.
14. Is this project related to mitigation, response, or rec	overy from a natural disaster? No
a. If Yes, what phase best describes the project?	
☐ Mitigation (reducing or eliminating potential loss of	ife or property)
☐ Response (addressing the immediate and short-ter	m effects of a natural disaster)
☐ Recovery (assisting communities return to normal of	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 assista	nce 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 p	roject worksheet:
16. Has the entity applied for or received state assistant	ce 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. L Commerce):	ocal Government Emergency Bridge Loan, Department of



**LFIR # 2186** 

17. Requester Contact Information								
a. First Name	Caesar		Last Name	Rinaldi				
b. Organization	Kirkland Ranch Incorporated							
c. E-mail Address	N/A							
d. Phone Number	(813)713	-2431						
18. Recipient Contact	8. Recipient Contact Information							
a. Organization	a. Organization Kirkland Ranch Incorporated							
b. Municipality and	d County	Pasco						
c. Organization Ty	c. Organization Type							
☑For Profit Entity	Entity							
□Non Profit 501(c	on Profit 501(c)(3)							
□Non Profit 501(c	(c)(4)							
□Local Entity								
□University or Co	□University or College							
□Other (please sp	□Other (please specify)							
d. First Name	Caesar		Last Name	Rinaldi				
e. E-mail Address	N/A							
f. Phone Number	(813)713	-2431	Ext.					
19. Lobbyist Contact Information								
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.