



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2691

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The renovation of Possum Palace, Phase II. which will include replacing the exterior siding on the north end of the building, installing a new roof on the entire building and relocating and expanding the restrooms to meet the current handicapped accessibility code requirements.

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	1,500,000
<b>Total State Funds Requested</b>	<b>1,500,000</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)	1,500,000	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>1,500,000</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

10. Status of Construction



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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?

3/10/2026

d. What is the estimated completion date of construction?

09/30/2026

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

Town of Wausau operating budget.

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.

Town of Wausau

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	Permitting, Survey, Design, Construction & CEI	1,500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,500,000</b>

13. Program Performance

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

The renovation of the Possum Palace facility.

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

After the recent major storm events, Hurricane Michael, Possum Palace was used as the staging area for the supply distribution carried out by the Florida National Guard. Additionally, Possum Palace is a distribution site for the summer food program and the USDA Food Distribution Program.

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



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Possum Palace is used for many different types of events including the annual Possum Festival, Truck or Treat during Halloween, the annual Easter egg hunt, WWE Wrestling Events, Line Dancing Events, Pedigree Dog Show and County wide Haunted House.

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

The Target Population are all of the people living in the general area of the Town of Wausau.

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

After the recent major storm events, Hurricane Michael, Possum Palace was used as the staging area for the supply distribution carried out by the Florida National Guard. Additionally, Possum Palace is a distribution site for the summer food program and the USDA Food Distribution Program. The methodology by which the outcome of the project will be measured includes the number of people who utilize the programs and attend the events that are taking place at Possum Palace.

**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?**

Not available at this time.

**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



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No

No, but intends to apply

**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)

**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**



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