

**LFIR # 2730** 

1.	Project Title	Crystal Memorial Garder Project (Phase I)	ns Cemetery	(Crystal River, FL) Revitalizatio	n	
2.	Senate Sponsor	Blaise Ingoglia				
3.	Date of Request	3/4/2025				
4.	Project/Program Des	scription				
	to help maintain and 1) Hire a professional recommended service from the ground, poss 2) Improve the cemet 3) The remaining tree	revitalize the historic Cryst I engineer to assess the flo es to prevent the crypts an sible relocation of crypts a	al Memorial boding issue ad bodies from bodies (if icing (cutting)	s and develop a flood mitigation m rising needed), and grading the ceme g & canopy service), and	plan. Implem	,
5.	State Agency to rece	eive requested funds	Departme	ent of State		
	State Agency contact	cted? No				
6.	Amount of the Nonre	ecurring Request for Fisc	cal Year 202	25-2026		
	Type of Funding			Amount		
	Operating				81,000	
	Fixed Capital Outlay			2	269,000	
	Total State Funds D	aguastad		2	50 000	

### 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)	350,000	100%
Matching Funds		
Federal	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	350,000	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

No

Fiscal Year	Amo	ount	Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	

9.	ls	future-yea	ır funding	likely to	be rec	uested?

Yes

a. If yes, indicate nonrecurring amount per year.

200,000

b. Describe the source of funding that can be used in lieu of state funding.



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Fundraising, Donations, Memberships, and the Annual Citrus County Dr. Martin Luther King, Jr. Leadership Gala Pledges

### **Complete questions 10 and 11 for Fixed Capital Outlay Projects**

10. Status of Construction a. What is the current phase of the project?		
	A	
b. Is the project "shovel ready" (i.e permitted)?	No	
c. What is the estimated start date of construction?	08/15/2025	
d. What is the estimated completion date of construction?	06/30/2026	
e. What funding stream will be used for ongoing operations	s and maintenance of the project?	
Fundraising, Donations, Memberships, and the Annual Citrus C Leadership Gala Pledges	County Dr. Martin Luther King, Jr.	
11. List the owners of the facility to receive, directly or indirecrelationship between the owners of the facility and the enti	ctly, any fixed capital outlay funding. In tity.	clude the
Crystal Memorial Gardens Cemetery		
12. Details on how the requested state funds will be expended		

#### 12.

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	Costs for Contracted Accounting Services	6,000
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Engineering Fees (Flood Mitigation Services and Planning) Archaeological Consulting, Ground Penetrating Radar, Geotag services, and Cemetery Preservation Services Tree Service Contractors	75,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Flood Mitigation Services, Grave Relocations, Crypts Hoisting, Monument Repairs, Road Paving, and Tree Services	269,000
<b>Total State Funds Requested (m</b>	ust equal total from question #6)	350,000

#### 13. Program Performance

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



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F	Revitalize the cemetery to preserve monuments and prevent loss from flooding.	
b.	What activities and services will be provided to meet the intended purpose of these fund	s?
lı	mplementing flood prevention services, including potential relocation of crypts and grading of cer	metery land.
C.	What direct services will be provided to citizens by the appropriation project?	
	Occumentation of gravesites and headstones for historical preservation and community access.	
d.	Who is the target population served by this project? How many individuals are expected	to be served?
T w	The project serves the African American community, including visitors and grade school and high ill engage in educational activities.	school students who
e.	What is the expected benefit or outcome of this project? What is the methodology by whi	ich this outcome will
be	e measured?	
C ha	Outcomes will be measured through reduction of flooding issues and improved cemetery accessi azards, completion of grave documentation for historical records.	bility, reduction of tree
f.	What are the suggested penalties that the contracting agency may consider in addition to	its standard penalties
fo	r failing to meet deliverables or performance measures provided for in the contract?	
re	eturn of funds	
1. Is	this project related to mitigation, response, or recovery from a natural disaster? No	
	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	nfastructure)
b. N	Name of the natural disaster (or Executive Order # for events not under a federal declaration	on):
5. Ha	s 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#:	
	<u>· · · · · · · · · · · · · · · · · · · </u>	
b F	Provide the total project cost listed on the FEMA project worksheet:	1
		I .

16. Has the entity applied for or received state assistance for this project (other than this request)?



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☐ Yes, Applied					
☐ Yes, Received					
□ No					
☐ No, but intends t	o apply				
a. If yes, specify th	e progran	n and state ager	ncy (ex. Loca	al Governmen	it Emergenc
Commerce):					
17. Requester Contact	Informat	ion			
a. First Name	Andrea		Last Name	McCray	
b. Organization	Friends o	of Crystal Memori	al Gardens (	Cemetery Inc	
c. E-mail Address	friendsof	cmgcemetery@g	mail.com		
d. Phone Number	(352)257	-4525	Ext.		
b. Municipality and c. Organization Ty □For Profit Entity □Non Profit 501(c) □Non Profit 501(c) □Local Entity □University or Co	(3) (3) (4)	Citrus			
□Other (please sp	ecify)				
d. First Name	Andrea		Last Name	McCray	
e. E-mail Address	friendsof	cmgcemetery@g	mail.com		
f. Phone Number	(352)257	-4525	Ext.		
19. Lobbyist Contact I	nformatio	on			_
a. Name	None				
b. Firm Name					
c. E-mail Address					



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