



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2842

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Many areas throughout the ship require refurbishment, air conditioning, new electrical wiring at a minimum before these spaces can be safely opened to the public. Examples include Mt 51 and the MT 51 Handling Room, Mt 52 Handling Room, Torpedo Handling, new Portside access, additional Veterans Museum Kiosks, and pier resurfacing.

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

State Agency contacted?

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

Type of Funding	Amount
Operating	135,000
Fixed Capital Outlay	615,000
Total State Funds Requested	750,000

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)	750,000	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	750,000	100%

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

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	1,000,000	3573	No

9. **Is future-year funding likely to be requested?**

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)? Yes

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

d. What is the estimated completion date of construction? 06/30/2026

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

Corporate sponsors, revenue from visitors, donations

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.

Jacksonville Historic Naval Ship Assn, a 501(c)3 Non-Profit association is the only owner of the ex-USS Orleck (DD 886).

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

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	Events and Volunteer Manager, Ticket Office and Events Assistant, Ship's Store Manager	135,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	10 areas are planned to be refurbished and restored in order to be fully open to the public. Specifically, Torpedo Magazine, Bridge, Mt 51, Mt 52 Handling Room, Wardroom, Pier 1 Resurfacing, new Portside public access, 16 new Veterans Museum Kiosks Painting of the ship's hull, procuring a secure tent for visitors pier side	615,000
Total State Funds Requested (must equal total from question #6)		750,000

13. Program Performance

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

10 areas will be refurbished and restored in order to be fully open to the public. Specifically, Torpedo Magazine, Bridge, Mt 51, Mt 52 Handling Room, Wardroom, Pier 1 Resurfacing, new Portside public access, 16 new Veterans Museum Kiosks Painting of the ship's hull, procuring a secure tent for visitors pier side.

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



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Classes in Seamanship, Science, Technology, Engineering, Arts, Math + History (SSTEAM+H), better access to historic locations on the ship such as the Combat Information Center, and also the ability to house overnight groups such as Scouts and veterans groups. As the ONLY Naval Warship Museum in Florida, residents of the State will not have to travel to Charleston, SC nor Mobile, AL to visit a Naval museum.

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

Classes in Seamanship, Science, Technology, Engineering, Arts, Math + History (SSTEAM+H), better access to historic locations on the ship such as the Combat Information Center, and also the ability to house overnight groups such as Scouts and veterans groups. As the ONLY Naval Warship Museum in Florida, residents of the State will not have to travel to Charleston, SC nor Mobile, AL to visit a Naval museum.

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

General visiting from all 67 Florida Counties and visitors from out of state, Veterans and their families, school age children and school tours, Title 10 disadvantaged children (some of whom have never been on the St Johns River), and persons with disabilities. In other words, all organized groups, events of honor, and the general public will always be welcome.

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

Methodology employed will include the number of persons attending general STEAM+H classes, number of school tours for all ages, and surveys with direct feedback.

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?

Jacksonville Historic Naval Ship Assn (JHNSA) will abide by the recommended penalties, typically a percentage of funding lost for not completing the all of the project that represents that portion of funding.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

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:



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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

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



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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.