



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3005

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Requesting the reversion of previous Saint Leo University Arena funding and reappropriation to the Saint Leo University Capital and Deferred Maintenance Upgrades. Upgrades critical infrastructure at Saint Leo University to improve sustainability, safety, and community engagement. Funding supports Chiller Plant/HVAC Upgrades (\$4,600,000), including chiller upgrades (\$2,400,000), electrical improvements (\$1,000,000), and energy-efficient tech (\$1,200,000) to cut costs and reduce the carbon footprint.

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	500,000
Fixed Capital Outlay	7,700,000
Total State Funds Requested	8,200,000

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)	8,200,000	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	8,200,000	100%

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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Fiscal Year 2025-2026

LFIR # 3005

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? 9/1/2025

d. What is the estimated completion date of construction? 6/1/2026

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

The college's operating budget will absorb the operations and maintenance.

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.

Saint Leo University

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	Engineering and construction consulting	500,000
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Chiller plant, HVAC, electrical, elevators, and pool facility upgrades	7,700,000
Total State Funds Requested (must equal total from question #6)		8,200,000

13. Program Performance

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

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



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LFIR # 3005

Installation of energy-efficient HVAC and electrical systems to reduce environmental impact and improve operational sustainability. Elevator modernization to meet ADA accessibility standards. Pool facility renovation to provide a community-shared resource.

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

Installation of energy-efficient HVAC and electrical systems to reduce environmental impact and improve operational sustainability. Elevator modernization to meet ADA accessibility standards. Pool facility renovation to provide a community-shared resource.

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

Elderly persons, jobless persons, economically disadvantaged persons, University/college students. >800.

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

Increased student and community use of upgraded pool facility measured by usage statistics and survey data. Reduction in carbon footprint and operational energy costs measured by energy consumption tracking and cost savings reports. Job creation during construction phase measured by employment reports from contractors. Elevators upgraded for ADA compliance measured by accessibility audit post-project completion.

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?

Funding would be returned to the State.

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:

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



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Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3005

- 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

c. E-mail Address



The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

LFIR # 3005

d. Phone Number

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