



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3095

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To improve the fairgrounds with a climate-controlled building that will meet market demands and serve as an economic revenue generator for new programs/events, i.e., Agricultural-related expos, 4H, FFA, Farm Bureau, craft fairs/green markets, concerts, graduation ceremonies, weddings, community and regional events, etc. Providing for stability, protection of life, health and safety in this Rural Area of Opportunity.

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	0
Fixed Capital Outlay	6,500,000
<b>Total State Funds Requested</b>	<b>6,500,000</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)	6,500,000	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>6,500,000</b>	<b>100%</b>

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	1580c	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**



# The Florida Senate

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### Fiscal Year 2025-2026

LFIR # 3095

**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)?**

**c. What is the estimated start date of construction?**

**d. What is the estimated completion date of construction?**

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

**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.**

**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	n/a	0
Other Salary and Benefits	n/a	0
Expense/Equipment/Travel/Supplies/Other	n/a	0
Consultants/Contracted Services/Study	n/a	0
<b>Operational Costs</b>		
Salary and Benefits	n/a	0
Expense/Equipment/Travel/Supplies/Other	n/a	0
Consultants/Contracted Services/Study	n/a	0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Contractual services for professional architectural/engineering design, permitting, bidding, administration, project management, engineering during construction and construction	6,500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>6,500,000</b>

**13. Program Performance**

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

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



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LFIR # 3095

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

Direct services to citizens is safe, comfortable facility to enjoy and experience. Protecting life, health and safety for users and attendees from intense heat, serve storm events while attending events and programs, i.e., weddings, graduations, fair expos, craft fairs, etc. in this Rural Area of Opportunity.

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

Hardee County, which is a financially disadvantaged community (ch. 62-552, F.A.C.) that is located in a Rural Area of Opportunity (s. 288.0656, Florida Statutes), citizenry, visitors, tourists, business community and surrounding areas. Greater than 27,000 expected to be served.

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

Expected benefit is completion of the building, enhancing education, agriculture related programs as the new climate controlled facility provides for a new venue to meet the demand for events and programs to be held inside away from weather related storms and incidents. Improving the economy, tourism, providing for stabilization to this Rural Area of Opportunity.

**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?**

Non-payment of invoices until milestones achieved; implementation of corrective action plan.

**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



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LFIR # 3095

- 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**
- 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.*