



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3164

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Naples Botanical Garden makes every effort to be accessible and is a place where plants and people thrive together. This request is for acquiring additional electric mobility solutions to be available to those in need of our 250,000 annual visitors, and to design and construct new pathways and infrastructure throughout our 170 acre property for use by these vehicles and adaptive devices.

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	365,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>365,000</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)	365,000	48%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	400,000	52%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>765,000</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		

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)?**

**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		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	10 electric scooters @ \$4,000/each; 4 electric carts @ \$25,000/each; 1 electric tram vehicle and trailer @ \$125,000; Parts, equipment, charging stations, and equipment shelters @ \$100,000	365,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>365,000</b>

**13. Program Performance**

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

The purpose of this request is to acquire additional electric mobility solutions to be available to those in need of our 250,000 annual visitors, and to design and construct new pathways and infrastructure throughout our 170 acre property for use by these vehicles and adaptive devices.

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



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We strive to be a Garden for All and work with many employers and organizations in the community to welcome a variety of audiences and ensure that admission prices are never a barrier. Our next challenge is accessibility for citizens with mobility issues. For many of them, the size of our campus (170 acres) prevents them from enjoying a full experience and this initiative will greatly expand access to our grounds.

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

Additional options for access to our facilities and grounds for residents and tourists with mobility challenges to make our campus and activities accessible to persons of all abilities and welcoming to all members of the community.

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

The target population to be served are the physically disabled and the elderly benefiting all Garden visitors.

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

The expected benefit will be that more people will be able to enjoy all parts of our 170-acre campus. Outcomes will be measured by the frequency of use of equipment and increased participation in activities by persons with mobility challenges.

**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?**

Naples Botanical Garden will return state funds that do not meet deliverables or performance measures provided.

**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)?**



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- 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
- 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.*