



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3241

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The construction of a multi-use facility that will include, but not limited to: a training center for Emergency Management, office space for local and state emergency management, facilities for laundry and food prep in times of emergency, and office space for FACHPA.

5. State Agency to receive requested funds

State Agency contacted? Yes

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

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	3,000,000
Total State Funds Requested	3,000,000

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)	3,000,000	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	3,000,000	100%

8. Has this project previously received state funding? Yes

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	800,000		No

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

10. Status of Construction



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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?

01/01/2026

d. What is the estimated completion date of construction?

01/01/2027

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

Donations, sponsorships, and event income.

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.

State agency owned facility

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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Building of a multi-purpose building that will have the ability to be a training center, staging area, and office center for local and state emergency management.	3,000,000
Total State Funds Requested (must equal total from question #6)		3,000,000

13. Program Performance

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

The building of a multi-use facility will continue to improve and grow the Florida Agriculture Center & Horse Park Authority, increasing the disaster relief footprint and expanding the variety of events hosted by the park. The FACHPA has proven to be a vital site in times of disaster relief, not only as an animal-safe evacuation site but also as a level 1 logistical support area and a distribution site for food, water, and supplies.

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

Activities include: educational, recreational, agricultural, and emergency management. Examples include (but are not limited to) equine competitions, youth rodeos, cross country and athletic events, compost research, historic event reenactments, car shows, Christmas light displays, Polo matches, concerts, and K9 displays and training.



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

Services for citizens include (but are not limited to) recreation, safety, housing, emergency management, and education.

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

All citizens that are impacted by emergencies and natural disasters.

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

Provide local and state emergency management with a training and staging areas to prepare and execute in times of disasters.

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?

Failure to meet deliverables would result in financial consequences including withholding of funding, or reduction in specified payments.

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)?

- Yes, Applied
- Yes, Received
- No



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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

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