



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3394

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Removal of all remaining damaged lighting infrastructure, purchase and installation of light Poles, Sports Light Package With Side Mount for Round Poles, High Power LED Sports Lights and all necessary additional activities and equipment.

NOTE: The town has requested funds for this project, before. The Town has been working HARD to secure other funding. The original request was \$1m. The town DID receive partial grant, completeing SOME of the original need. The Town has also, now, come up with innovative ways to bring down the cost. The town's request is HALF of what it once was.

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	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

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)	500,000	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	500,000	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		
2022-23	0	450,000	1755A	Yes

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.



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

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
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	Removal of all remaining damaged lighting infrastructure. purchase and installation of light Poles, Sports Light Package With Side Mount for Round Poles, High Power LED Sports Lights and all necessary additional activities and equipment.	500,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		500,000

13. Program Performance

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

The purpose of these funds would be to provide restore working recreational infrastructure to a rural area, that the town or surrounding communities would not otherwise reasonably be able to afford to replace at the time it was damaged.

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



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The Town will contract with a several providers to replace old and damaged recreational infrastructure. This will mainly include lighting and related support infrastructure such as wiring, pole installation, etc.

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

The administration of a municipal recreational program with a high participation rate.

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

The residents of the Town of Sneads, Fla and the residents of surrounding communities such as Calhoun and Liberty Counties, Marianna, and Chattahoochee.

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

This project will provide recreational opportunities to under served children and young adults in Sneads and surrounding areas. It is commonly known that a tight knit community with significant parental involvement leads to better outcomes for children and young adults. This recreational infrastructure will provide opportunities to families, not just children, to participate in community activities as a family unit. The Town is able to record the number of participants in community sports. The Town expects a quick increase of participants in community sports activities upon completion of this project. This can be recorded.

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?

Additional actions could include requiring corrective action plans, increasing oversight, or modifying contract terms.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No Yes

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):

Hurricane Michael

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



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

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