



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3408

1. Project Title
2. Senate Sponsor
3. Date of Request

4. Project/Program Description

Development of a city-owned fueling station. A dedicated city-operated fuel station will ensure a reliable fuel supply for city vehicles, emergency equipment, and generators. This fuel station will ensure that the city can maintain operations throughout extended recovery periods from natural disasters and combats the average fuel costs when buying bulk. In addition, a city-owned fueling station allows for consistency in pricing, convenience, savings on mileage, fuel management and control.

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	1,200,000
Total State Funds Requested	1,200,000

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)	1,200,000	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	1,200,000	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		

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)? No

c. What is the estimated start date of construction? 02/01/2026

d. What is the estimated completion date of construction? 12/31/2026

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

General Fund

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.

City of Brooksville

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	Development of a city owned fuel and storage station	1,200,000
Total State Funds Requested (must equal total from question #6)		1,200,000

13. Program Performance

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

Development of a city-owned fueling station. A dedicated city-operated fuel station will ensure a reliable fuel supply for city vehicles, emergency equipment, and generators. This fuel station will ensure that the city can maintain operations throughout extended recovery periods from natural disasters and combats the average fuel costs when buying bulk. In addition, a city-owned fueling station allows for consistency in pricing, convenience, savings on mileage, fuel management and control.

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



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Development of a fueling/fuel storage facility ensures the distribution of critical services. Due to the limited availability of retail fuel during a natural disaster makes the need for fuel crucial during period of response and recovery. Also provides for savings of tax payer dollars, mileage savings convenience, better fuel management and control for the City.

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

A dedicated city-operated fuel station will ensure a reliable fuel supply for city vehicles, emergency response equipment, and generators. This fuel station will ensure that the city can maintain operations throughout extended recovery periods.

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

All citizens and visitors to the City of Brooksville, population estimate of 9,752.

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

This critical asset will allow the city to continue services to the community, before, during and after a natural disaster. All vehicles and various equipment require fuel that currently the city relies on retail establishments or other local government agency to supply during times of disaster. This will be measured by the reduction in the impact and reliance on the county or state for fuel resources during periods of emergency. In addition, a city-owned fueling station combats the average fuel costs via buying in bulk. Allows for consistency in pricing, convenience for staff, savings on mileage, as well as better fuel management and control for the City. This will be measured through annual savings on the fiscal budget as well as increased flexibility in us of taxpayer dollars.

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?

Withhold payment.

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:



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

- 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



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d. Phone Number

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