



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**
4. **Project/Program Description**

5. **State Agency to receive requested funds**  
 State Agency contacted?      Yes      No

6. **Amount of the Nonrecurring Request for Fiscal Year 2026-2027**

Type of Funding	Amount
Operating	
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	

7. **Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)		%
<b>Matching Funds</b>		
Federal		%
State (excluding the amount of this request)		%
Local		%
Other		%
<b>Total Project Costs for Fiscal Year 2026-2027</b>		%



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8. **Has this project previously received state funding?**      Yes      No  
 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?**      Yes      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**

- a. What is the current phase of the project?      Planning      Design      Construction      N/A
- b. Is the project "shovel-ready" (i.e. permitted)?      Yes      No
- 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.**



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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		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		





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**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

Yes      No *(Skip Questions 15 and 16)*

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

No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):



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**Please complete questions 17 through 21 for Water Projects only.**

**17. Have you been awarded or applied for alternative state funding for this project?**

Water Quality Improvement Grant Program

Resilient Florida Grant Program

Wastewater Revolving Loan

Drinking Water Revolving Loan

Small Community Wastewater Treatment Grant

Other (please specify, ex. Alternative Water Supply Grants)

N/A

**18. What is the population economic status?**

Financially Disadvantaged Community (ch. 62-552, F.A.C.)

Financially Disadvantaged Municipality (ch. 62-552, F.A.C.)

Rural Area of Economic Concern

Rural Area of Opportunity (s. 288.0656, Florida Statutes)

N/A

**19. What is the status of construction?**

**20. What percentage of the construction has been completed?**

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



# The Florida Senate Local Funding Initiative Request Fiscal Year 2026-2027

## 22. Requester Contact Information

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext

## 23. 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

## 24. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.

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