



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3543

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This request is for the construction of a new museum at the Olustee Battlefield State Park. The museum will house displays as well as an interactive element to enhance the public experience in learning the history of this significant battle and the role Florida played in the American Civil War.

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	400,000
Total State Funds Requested	400,000

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)	400,000	22%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	400,000	22%
Local	0	0%
Other	1,000,000	56%
Total Project Costs for Fiscal Year 2025-2026	1,800,000	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		
2023-24	400,000	0		No

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?

11/01/2025

d. What is the estimated completion date of construction?

11/01/2026

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

Once completed the museum will become the property of the State of Florida Park Service who will maintain the ongoing upkeep on the building.

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.

none

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	construction of new museum.	400,000
Total State Funds Requested (must equal total from question #6)		400,000

13. Program Performance

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

This project will provide an educational respurce for the public at large to gain an understanding of the sacarfices made during the historic Battle of Olustee and the role Florida played during this dark period in American history.

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

The museum will provide interactive displays and historical information on the battle and what lessons were learned as a result of the conflict. An annual reenactment has been held for the last 46 years with large participation each year.

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



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The museum will be open to the enjoyment of the general public during open hours of the park.

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

On an annual basis there are approximately 8-10,000 visitors just for the reenactment. During the rest of the year visitors very but estimated around 100 per month. With the museum those numbers are expected to increase.

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

Measurement will be calculated by the number of attendees and their participation in the interactive displays and visitation to the museum. The educational benefits and knowledge gained from the museum experience is the expected outcome.

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?

Take over the project and any remaining monies revert.

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
- ☐ No, but intends to apply



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

Funding was approved last year but has not been received yet. Funding last year was cut by half.

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.