



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1005

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Replacement of the current Pathology Clinic and Tissue Lab housed in a building constructed in 1940, located in the Tropical Research Center at the University of Florida Institute of Food and Agriculture in Homestead, FL. The Clinic/Lab is the only facility in the State of Florida solely dedicated to identification of plant pests and pathogens of tropical fruits, tropical vegetables and tropical ornamental plants. It offers growers immediate on-site diagnostics and solutions of samples they bring in, the equivalent of a highly specialized emergency room. The present building cannot support additional bio-safe cabinets due to lack of space, electrical capacity and HVAC limitations. These cabinets are needed to isolate plant pathogens and tissue samples for analysis. Vital diagnostic work is being constrained due to this limitation. Renovation is not possible due to the age and dilapidated condition of the structure.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	5,500,000
Total State Funds Requested	5,500,000

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)	5,500,000	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 2026-2027	5,500,000	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		

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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Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1005

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)?

No

c. What is the estimated start date of construction?

07/01/2026

d. What is the estimated completion date of construction?

10/10/2028

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

Existing operating funds from the University of Florida Institute of Food and Agriculture Science that currently funds the staff scientists, building operations and related expenses. This funding is continuous and ongoing for the Clinic/Lab since its establishment in 1938.

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.

The owner of this facility is the University of Florida. The University is also the manager and directs the operations of the Clinic/Lab through its on-site full time staff including the Director of the Tropical Research Center, the Director of the Clinic and the Director of the Tissue Lab and their respective teams of scientists.

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	The funds will be used for all of the expenses to implement the new Clinic and Tissue Lab including design, permitting, materials acquisition, labor and related expenses.	5,500,000
Total State Funds Requested (must equal total from question #6)		5,500,000

13. Program Performance

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

Build a plant pathology clinic and tissue lab at the UF/IFAS Tropical Research and Education Center in Homestead.



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Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1005

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

Develop and disseminate science-based information about tropical horticulture and natural resource sciences through basic and applied research, extension, and teaching; provide pest and disease detection for ornamentals, tropical fruits, and vegetables; and conduct essential research into water, soil, and marine ecosystems for the Biscayne Aquifer and the Everglades.

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

Protect and improve the regional agricultural and local economy; protect and enhance natural resources; and manage invasive species at the gateway of exotics into the U.S.

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

Farmers, scientists, students and consumers.

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

Provide essential solutions for challenges faced by the agriculture industry. Prevent embargo of agricultural products due to pests and disease; prevent impacts to the local and state economy.

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?

Standard state university penalties

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)?



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1005

- ☐ 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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1005

d. Phone Number

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