



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1306

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

4. Project/Program Description

Build and operate a Solid Waste Transfer Station in order to manage the City of North Port's solid waste more safely and efficiently. Land for the Station has been obtained. Design and engineering is underway. The Station will support ongoing efficient solid waste collection, more beneficial disposal options, and the ability to accommodate population growth. The station reduces the number of trips to the landfill, saving fuel, staff time, and vehicle wear and tear.

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	5,000,000
Total State Funds Requested	5,000,000

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)	5,000,000	33%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	10,000,000	67%
Other	0	0%
Total Project Costs for Fiscal Year 2026-2027	15,000,000	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?

11/01/2026

d. What is the estimated completion date of construction?

11/01/2027

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

Regular City of North Port Department of Public Works budget.

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 North Port

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 a new Solid Waste Transfer station.	5,000,000
Total State Funds Requested (must equal total from question #6)		5,000,000

13. Program Performance

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

More efficient solid waste collection and disposal providing significant cost savings to the City.

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

Once the Transfer Station is constructed, it will support ongoing efficient solid waste collection, more beneficial disposal options, and the ability to accommodate population growth. It will strengthen the City's resilience by creating a local facility that lessens dependence on distant landfills and improves service reliability during disruptions.

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



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More efficient solid waste collection and disposal.

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

This project will benefit the entire City (approximately 95,000 citizens).

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

The Station will reduce the number of trips to the landfill, saving fuel, staff time, and vehicle wear and tear. The estimated cost savings over a five-year period is approximately \$13,050,100. The methodology examine the total Tonnage of waste removed and then the cost savings to City and thus to the Citizenry.

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?

Repayment of allocation.

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):

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.