



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1338

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

These funds will provide the resources necessary to finalize research projects focusing on developing modernized, science-based fertilizer (nutrient) application rates. Determining the precise amounts of fertilizer needed for each crop reduces environmental footprints, boosts yields, and cuts production costs.

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	3,300,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>3,300,000</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)	3,300,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2026-2027</b>	<b>3,300,000</b>	<b>100%</b>

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		
2025-26	0	4,000,000	1390A	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

10. Status of Construction



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a. What is the current phase of the project?

☐ Planning ☐ Design ☐ Construction ☐ N/A

b. Is the project "shovel ready" (i.e permitted)?

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.

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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	UF faculty, post-doctoral associates, graduate and undergraduate students, research assistants, biological scientists, communications, and hourly workers.	2,674,133
Expense/Equipment/Travel/Supplies/Other	Field and laboratory equipment and supplies, computers, repairs and maintenance, UFARM charges, soil/plant/water analysis, tuition, publications, grower reimbursement, travel, and printing and mailing.	625,867
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>3,300,000</b>

13. Program Performance

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

Complete multi-year field research to update outdated fertilizer application rates across a range of food crops to equip agricultural producers with the resources needed to provide nutrition to their crops with precision and accuracy reducing environmental footprints, boosts yields, and cuts production costs.

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

Conduct research on fertilizer application including traditional academic research plots, working with growers in on-farm trials, and compilation of all available public data sources regarding nutrient applications. Develop database that can be continually updated.



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

Reduced impact to water quality, quantity, and the environment.

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

Agricultural producers and the population through more efficient use of nutrients applied to crops as well as a reduction in environmental impacts.

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

More efficient food production, better crop yields, and reduction in production costs. Education in the latest technologies in precision agriculture and up to date nutrient management. Also, reduced impact to water quality, quantity, and the environment through more efficient use of fertilizer. The measure will be determined by the economic impact to the agriculture industry as well water quality improvement.

**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 penalties for state university system.

**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



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☐ 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

d. Phone Number



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