



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1441

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The purpose of this project is to replace the ballfield lighting (poles, luminaries, wiring and controls) with a new code-compliant LED system that meets current IES recommendations. Work includes demolition, new concrete foundations, galvanized steel poles, LED sports lighting, infield/outfield aiming, electrical distribution, surge protection, networked controls, commissioning, and as built documentation.

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	250,000
<b>Total State Funds Requested</b>	<b>250,000</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)	250,000	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>250,000</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		

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?

9/1/2026

##### d. What is the estimated completion date of construction?

6/1/2028

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

The general budget will fund the ongoing operations and maintenance.

#### 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 City of Quincy

#### 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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	The city would like to replace the existing lighting on the baseball field with LED lighting which would improve the existing conditions there tremendously.	250,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>250,000</b>

#### 13. Program Performance

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

Currently, the antiquated lighting proves to be worsening over time. It also cost the city much more in electrical expense to utilize the lighting as it sits today. With proper funding, the city will be able to convert the existing lighting to LED which will provide a cost savings on utility cost of operating.

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

The city will procure services to demo and remove the existing lights on the baseball field, erect new poles. and construct new LED lights.



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

The citizens will be able to utilize Corey Baseball Field with proper lighting.

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

Many people in the community utilize the park. Funding this project would go a long way to modernize this park and increase usage.

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

The new lights will be the method in which the projects benefits and outcome are measured. The city can also track usage of the field.

**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?**

The city will take every precaution to ensure that there will be no failed tasks, deliverables, or performance measures.

**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



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☐ 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

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