

**LFIR # 1577** 

| 1.                   | Project Title                                                                                                                                                                      | Returning Swimr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ming to Silver                                                                                                                                                                                                                                                                                                        | Springs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                |                                                                                                                                     |                                                                                      |
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| 2.                   | Senate Sponsor                                                                                                                                                                     | Stan McClain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                                                                                                                     |                                                                                      |
| 3.                   | Date of Request                                                                                                                                                                    | 11/25/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                                                                                                                     |                                                                                      |
| 4.                   | Project/Program De                                                                                                                                                                 | escription                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                                                                                                                     |                                                                                      |
|                      | Silver River State Pa<br>included creating a p<br>downriver from the h<br>removed in 2019. Sindiscussed and plann                                                                  | ark, forming Silver Soublic swimming are leadsprings. In 2019 nce the state gained led; however, few homired in bureaucratic project forward. Af                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Springs State Fea at the head 6, Wild Waters downership of ave come to fic processes. If ter consultations                                                                                                                                                                                                            | Park (SSSF springs and septings are septings and septings and septings and septings and septings are septings and septings and septings and septings and septings are septings and septings and septings and septings are septings are septings and septings are septings are septings are septings are septings are septings. The septings are septings. The septings are septin | P). In 2014, the d the constructi k was closed, a almost a decade he projects, includy has coording the place. | state's Unit Manace<br>on of a mooring/ce<br>and the infrastructu<br>e ago, a host of im<br>luding reopening s<br>nated with DEP an | re of the park was<br>provements have been<br>wimming at the<br>d SSSP leadership in |
| 5.                   | State Agency to red                                                                                                                                                                | ceive requested fu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>nds</b> Dep                                                                                                                                                                                                                                                                                                        | partment of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Environmental                                                                                                  | Protection                                                                                                                          |                                                                                      |
| ;                    | State Agency conta                                                                                                                                                                 | cted? Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                                                                                                                     |                                                                                      |
| 6. /                 | Amount of the Nonr                                                                                                                                                                 | ecurring Request                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | for Fiscal Ye                                                                                                                                                                                                                                                                                                         | ar 2026-20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | )27                                                                                                            |                                                                                                                                     |                                                                                      |
| Г                    | Type of Funding                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | ount                                                                                                                                |                                                                                      |
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|                      | Operating                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                                                                                                                     | <del>"</del>                                                                         |
| -                    | Fixed Capital Outlay                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | 2,500,00                                                                                                                            | <u>U</u>                                                                             |
|                      | T - ( -   O( - ( - E ) - E                                                                                                                                                         | N 4 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | 0.500.00                                                                                                                            |                                                                                      |
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| -                    | Total State Funds F  Total Project Cost fo                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6-2027 (inclu                                                                                                                                                                                                                                                                                                         | ding matc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | hing funds ava                                                                                                 |                                                                                                                                     | _                                                                                    |
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| 7. T                 | Fotal Project Cost fo                                                                                                                                                              | or Fiscal Year 202                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | `                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | ailable for this pro                                                                                                                | pject)                                                                               |
| <b>7.</b> ]          | Total Project Cost fo                                                                                                                                                              | or Fiscal Year 202                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | `                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | mount                                                                                                          | Percentage                                                                                                                          | pject)                                                                               |
| <b>7.</b> ]          | Total Project Cost fo<br>Type of Funding<br>Total State Funds Re                                                                                                                   | or Fiscal Year 202                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | `                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | mount                                                                                                          | Percentage                                                                                                                          | pject)                                                                               |
| <b>7.</b> ]          | Total Project Cost for Type of Funding Total State Funds Remarks Matching Funds                                                                                                    | or Fiscal Year 202 equested (from que                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | estion #6)                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2,500,000                                                                                                      | Percentage                                                                                                                          | pject)  6                                                                            |
| <b>7.</b> ]          | Total Project Cost for Type of Funding Total State Funds Remarks Matching Funds Federal                                                                                            | or Fiscal Year 202 equested (from que                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | estion #6)                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2,500,000<br>0                                                                                                 | Percentage 1009                                                                                                                     | pject)  6  6  6                                                                      |
| <b>7.</b> 7          | Total Project Cost for Type of Funding Total State Funds Remarks Matching Funds Federal State (excluding the                                                                       | or Fiscal Year 202 equested (from que                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | estion #6)                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2,500,000<br>0                                                                                                 | Percentage 1009                                                                                                                     | oject)  // // // // // // // // // // // // /                                        |
| <b>7.</b> ]          | Total Project Cost for Type of Funding Total State Funds Remarkable Funds Federal State (excluding the Local                                                                       | equested (from que                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | estion #6)                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2,500,000<br>0<br>0                                                                                            | Percentage 1009                                                                                                                     | pject)  6  6  6  6  6  6                                                             |
| 7. ]                 | Total Project Cost for Type of Funding Total State Funds Remarks Matching Funds Federal State (excluding the Local Other                                                           | equested (from que<br>amount of this requested Year 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | uest)  226-2027  state funding                                                                                                                                                                                                                                                                                        | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2,500,000  0 0 0 0                                                                                             | Percentage 1009                                                                                                                     | pject)  6  6  6  6  6  6                                                             |
| 7. ]                 | Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the r                        | equested (from que<br>amount of this requested Year 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | estion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)                                                                                                                                                                                                                                                        | ? No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                | Percentage 1009                                                                                                                     | pject)  6  6  6  6  6  6                                                             |
| 7. ]                 | Total Project Cost for Type of Funding Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project press                 | equested (from que<br>amount of this requested for Fiscal Year 20<br>eviously received amost recent instar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | estion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)                                                                                                                                                                                                                                                        | ? No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0<br>0<br>0<br>0<br>2,500,000                                                                                  | Percentage 1009 09 09 1009                                                                                                          | pject)  6  6  6  6  6  6                                                             |
| 7. ]                 | Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the r                        | equested (from que<br>amount of this requested)<br>for Fiscal Year 20<br>eviously received a<br>most recent instar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | pestion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)                                                                                                                                                                                                                                          | ? No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                | Percentage 1009 09 09 1009                                                                                                          | pject)  6  6  6  6  6  6                                                             |
| 7. T                 | Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the r                        | equested (from que<br>amount of this requested for Fiscal Year 20<br>eviously received most recent instar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | estion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)                                                                                                                                                                                                                                           | ? No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                | Percentage 1009 09 09 1009                                                                                                          | pject)  6  6  6  6  6  6                                                             |
| 7. ]<br>[<br>8. 8. [ | Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the r  Fiscal Year (уууу-уу) | equested (from que<br>amount of this requested for Fiscal Year 20<br>eviously received amost recent instar<br>Amo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | estion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)                                                                                                                                                                                                                              | ? No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                | Percentage 1009 09 09 1009                                                                                                          | pject)  6  6  6  6  6  6                                                             |
| 7. ]<br>[<br>8. 8.   | Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the r  Fiscal Year (yyyy-yy) | equested (from que amount of this requested (from que) amount of | estion #6)  Destion #6) | ? No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2,500,000  0 0 0 2,500,000  Specific propriation #                                                             | Percentage 1009 09 09 1009                                                                                                          | pject)  6  6  6  6  6  6                                                             |



10. Status of Construction

a. What is the current phase of the project?

#### The Florida Senate **Local Funding Initiative Request Fiscal Year 2026-2027**

**LFIR # 1577** 

#### Complete questions 10 and 11 for Fixed Capital Outlay Projects

| ed)? No 9/3/2026                                                                                        |                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                         |                                                                                                                                                                                |
|                                                                                                         |                                                                                                                                                                                |
| of construction? 3/02/2028                                                                              |                                                                                                                                                                                |
| going operations and maintenance of the project?                                                        |                                                                                                                                                                                |
|                                                                                                         |                                                                                                                                                                                |
| directly or indirectly, any fixed capital outlay funding. Incility and the entity.                      |                                                                                                                                                                                |
| liver Springs State Park, which is owned by the State of Fi                                             | orida and located                                                                                                                                                              |
|                                                                                                         |                                                                                                                                                                                |
| •                                                                                                       |                                                                                                                                                                                |
| Description                                                                                             | Amount                                                                                                                                                                         |
|                                                                                                         |                                                                                                                                                                                |
|                                                                                                         | 0                                                                                                                                                                              |
|                                                                                                         | 0                                                                                                                                                                              |
|                                                                                                         | 0                                                                                                                                                                              |
|                                                                                                         | 0                                                                                                                                                                              |
|                                                                                                         |                                                                                                                                                                                |
|                                                                                                         | 0                                                                                                                                                                              |
|                                                                                                         | 0                                                                                                                                                                              |
|                                                                                                         | 0                                                                                                                                                                              |
| tion:                                                                                                   |                                                                                                                                                                                |
|                                                                                                         | n 2,500,000                                                                                                                                                                    |
| s will be used to construct a swimming area within the maining portion within Silver Spring State Park. | 2,500,000                                                                                                                                                                      |
| i -                                                                                                     | directly or indirectly, any fixed capital outlay funding. I cility and the entity.  ilver Springs State Park, which is owned by the State of Flowwill be expended  Description |

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

The goal of this project is to return swimming to Silver Springs as instructed by the state in 2014.



**LFIR # 1577** 

| С        | itizens once again will be able to swim in Silver Springs.                                                                                                                                                                                                                                                                                                                                       |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| d.       | Who is the target population served by this project? How many individuals are expected to be served?                                                                                                                                                                                                                                                                                             |
| G        | seneral population, no specific group will benefit from funds.                                                                                                                                                                                                                                                                                                                                   |
|          | What is the expected benefit or outcome of this project? What is the methodology by which this outcome wil<br>measured?                                                                                                                                                                                                                                                                          |
| to<br>na | teturning swimming to Silver Springs adds an additional activity for park visitors to engage in, which could lead them spend longer durations in the park. Further, reopening the springs for swimming will draw in visitors looking for a atural, aquatic experience. This will be validated by checking park attendance figures and surveys to check how long tendees are staying at the park. |
| f. \     | What are the suggested penalties that the contracting agency may consider in addition to its standard penalti                                                                                                                                                                                                                                                                                    |
| foi      | r failing to meet deliverables or performance measures provided for in the contract?                                                                                                                                                                                                                                                                                                             |
| S<br>du  | tandard contract penalties including liquidated damages and the potential for failure to be awarded future contracts ue to poor or lack of performance.                                                                                                                                                                                                                                          |
| . Is t   | this project related to mitigation, response, or recovery from a natural disaster? No                                                                                                                                                                                                                                                                                                            |
| 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 infastructure)                                                                                                                                                                                                                                                                                         |
| b. N     | lame of the natural disaster (or Executive Order # for events not under a federal declaration):                                                                                                                                                                                                                                                                                                  |
| . Ha     | s 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. P     | Provide the total project cost listed on the FEMA project worksheet:                                                                                                                                                                                                                                                                                                                             |
| <br>. Ha | s the entity applied for or received state assistance for this project (other than this request)?                                                                                                                                                                                                                                                                                                |
|          | Yes, Applied                                                                                                                                                                                                                                                                                                                                                                                     |
| _        |                                                                                                                                                                                                                                                                                                                                                                                                  |



**LFIR # 1577** 

of

| □ No                             |                                                |                  |               |             |             |  |
|----------------------------------|------------------------------------------------|------------------|---------------|-------------|-------------|--|
| ☐ No, but intends t              | o apply                                        |                  |               |             |             |  |
| a. If yes, specify th Commerce): | e progran                                      | n and state ager | ncy (ex. Loca | al Governme | nt Emergenc |  |
|                                  |                                                |                  |               |             |             |  |
| 17. Requester Contac             | t Informat                                     | ion              | -             |             |             |  |
| a. First Name                    | Angel                                          |                  | Last Name     | Rossel      |             |  |
| b. Organization                  | Marion County Board of County Commissioners    |                  |               |             |             |  |
| c. E-mail Address                | angel.rou                                      | ıssel@marionfl.o | rg            |             |             |  |
| d. Phone Number                  | (352)438                                       | -2300            | Ext.          |             |             |  |
|                                  |                                                |                  |               |             |             |  |
| 8. Recipient Contact             |                                                |                  |               |             |             |  |
| a. Organization                  | Florida Department of Enviornmental Protection |                  |               |             |             |  |
| b. Municipality and              | d County                                       | Marion           |               |             |             |  |
| c. Organization Ty               | pe                                             |                  |               |             |             |  |
| □For Profit Entity               |                                                |                  |               |             |             |  |
| □Non Profit 501(d                | c)(3)                                          |                  |               |             |             |  |
| □Non Profit 501(d                | c)(4)                                          |                  |               |             |             |  |
| □Local Entity                    |                                                |                  |               |             |             |  |
| □University or Co                | llege                                          |                  |               |             |             |  |
| ☑Other (please sp                | oecify) Sta                                    | ate Agency       |               |             |             |  |
| d. First Name                    | Michael                                        |                  | Last Name     | Foster      |             |  |
| e. E-mail Address                | Michael.F                                      | Foster@FloridaD  | EP.gov        |             |             |  |
| f. Phone Number                  | (850)245                                       | -3046            | Ext.          |             |             |  |
| 19. Lobbyist Contact I           | nformatio                                      | n                |               |             | _           |  |
| a. Name                          | Angela M. Drzewiecki                           |                  |               |             |             |  |
| b. Firm Name                     | GrayRob                                        | oinson PA        |               |             |             |  |
| c. E-mail Address                | angela.drzewiecki@gray-robinson.com            |                  |               |             |             |  |
| d Phone Number                   | (850)577                                       | <u>-</u> anan    |               |             |             |  |



**LFIR # 1577** 

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