

LFIR # 1604

| 1. Project Title | Osceola County H | istoric Courthouse | e Roof and Cupola | | |
|---|---|---|---|-----------------------|---|
| 2. Senate Sponsor | Kristen Arrington | | | | |
| 3. Date of Request | 11/24/2025 | | | | |
| · | | | | | |
| 4. Project/Program De | • | | | | |
| Osceola County's His | storic Courthouse, FI | orida's oldest and | this project addressed still functioning court ome by repairing the o | thouse. This project | needs associated with will allow this historic nd cupola. |
| 5. State Agency to rec | eive requested fund | ds Departme | ent of State | | |
| State Agency conta | cted? Yes | | | | |
| 6. Amount of the Nonr | | or Fiscal Year 20 | 26-2027 | | |
| Type of Funding | <u> </u> | | Amo | unt | |
| Operating | | | | 0 | |
| Fixed Capital Outlay | | | | 525,000 | |
| Total State Funds R | Requested | | | 525,000 | |
| 7. Total Project Cost fo | or Fiscal Year 2026- | 2027 (including | matching funds avai | ilable for this proje | ect) |
| Type of Funding | | | Amount | Percentage | |
| Total State Funds Re | equested (from quest | tion #6) | 525,000 | 50% | |
| Matching Funds | | | | 201 | |
| Federal | | -4) | 0 | 0% | |
| State revelling the | amount of this reque | St) | 0 | 0% | |
| | | | E2E 000 | E00/ | |
| Local | | | 525,000 | 50% | |
| Local Other | | 6-2027 | 0 | 0% | |
| Local | for Fiscal Year 202 | ate funding? | | | |
| Local Other Total Project Costs 8. Has this project pre If yes, provide the r | for Fiscal Year 202 eviously received st most recent instanc Amou | ate funding? e: nt | 0 1,050,000 No Specific | 0% | |
| Local Other Total Project Costs 8. Has this project pre If yes, provide the r | for Fiscal Year 202 eviously received st most recent instanc | ate funding? e: | 0 1,050,000 No | 0% 100% | |
| Local Other Total Project Costs 8. Has this project pre If yes, provide the r Fiscal Year (уууу-уу) 9. Is future-year funding a. If yes, indicate no | for Fiscal Year 202 eviously received stance Amou Recurring ng likely to be requented to the content of the | ate funding? e: Int Nonrecurring ested? t per year. | 0 1,050,000 No Specific | 0% 100% Vetoed | |



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

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| 1 | 0. | Status | of | Constr | uction |
|---|----|---------------|----|--------|--------|
|---|----|---------------|----|--------|--------|

| a. What is the cur | rent phase of the | e project? | | | | | |
|-----------------------|--------------------------|------------------------|-----------|----------------|-----------------|-------------------|--|
| Planning | Design | Construction | O N/A | | | | |
| b. Is the project " | shovel ready" (i. | e permitted)? | | Yes | | | |
| c. What is the est | imated start date | of construction? | | 07/01/2026 | | | |
| d. What is the est | imated completi | on date of construc | tion? | 06/30/2027 | | | |
| e. What funding s | stream will be us | ed for ongoing oper | rations a | nd maintenance | of the project | t? | |
| Osceola County | General Revenue | Fund. | | | | | |
| | | receive, directly or i | | | tal outlay fund | ding. Include the | |
| Osceola County | | | | | | | |
| 2. Details on how the | he requested sta | te funds will be exp | ended | | | | |

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| Spending Category | Description | Amount | | |
|---|---|---------|--|--|
| Administrative Costs: | | | | |
| Executive Director/Project Head Salary and Benefits | | 0 | | |
| Other Salary and Benefits | | 0 | | |
| Expense/Equipment/Travel/Supplies/Other | | 0 | | |
| Consultants/Contracted Services/Study | | 0 | | |
| Operational Costs | | | | |
| Salary and Benefits | | 0 | | |
| Expense/Equipment/Travel/Supplies/ Other | | 0 | | |
| Consultants/Contracted Services/Study | | 0 | | |
| Fixed Capital Construction/Major | or Renovation: | | | |
| Construction/Renovation/Land/ Planning Engineering | While the United States celebrates our 250th anniversary, this project addresses critical structural needs associated with Osceola County's Historic Courthouse, Florida's oldest and still functioning courthouse. This project will allow this historic landmark to be preserved and function for many years to come by repairing the courthouse's roof and cupola. | 525,000 | | |
| Total State Funds Requested (must equal total from question #6) 525,000 | | | | |

13. Program Performance

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

The improvements to the facility will allow the residents of Osceola County to use the Historic Courthouse for many years to come.

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



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| The Historic Courthouse is utilized for grand jury selection and as an overflow courtroom. The facility a public venue and office space. | is also utilized as |
|---|---------------------|
| c. What direct services will be provided to citizens by the appropriation project? | |
| The improvements to the facility will allow the residents of Osceola County to use the Historic Courthousears to come. | ouse for many |
| d. Who is the target population served by this project? How many individuals are expected to be | e served? |
| General Population of Osceola County. | |
| e. What is the expected benefit or outcome of this project? What is the methodology by which t be measured? | his outcome will |
| Continued use of the Historic Courthouse for court functions and private events. This will be measured of court activities and private events held. | d by the number |
| f. What are the suggested penalties that the contracting agency may consider in addition to its | standard penaltic |
| for failing to meet deliverables or performance measures provided for in the contract? | |
| Return the funds to the agency and/or agency does not pay the County for funds expended. | |
| 14. Is 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 infast | ructure) |
| b. Name of the natural disaster (or Executive Order # for events not under a federal declaration): | , |
| | |
| 15. Has the entity applied for or received federal assistance for this project? | |
| ☐ Yes, Applied | |
| ☐ Yes, Received | |
| □ No | |
| ☐ No, but intends to apply | |
| a. If yes, provide the FEMA project worksheet ID#: | |
| | |
| b. Provide the total project cost listed on the FEMA project worksheet: | |
| | |
| 16. Has the entity applied for or received state assistance for this project (other than this request)? | |
| ☐ Yes, Applied | |
| ☐ Yes, Received | |



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| □ No | | | | | | |
|------------------------|---------------------|---------------------------|---------------|--------------|------------|-------------------------|
| □ No, but intends to | | n and state age | ncv (ex. Loca | ıl Governmen | t Emergenc | y Bridge Loan, Departme |
| Commerce): | o program | Turid State age. | | | Linergeno | Thage Loan, Departmen |
| | | | | | | |
| 17. Requester Contact | t Informat | ion | | | | |
| a. First Name | Don | | Last Name | Fisher | | |
| b. Organization | Osceola | County Board of | County Com | missioners | | |
| c. E-mail Address | don.fishe | r@osceola.org | | | | |
| d. Phone Number | (407)742 | -0517 | Ext. | | | |
| | | | | | | |
| 18. Recipient Contact | Information | on | | | | |
| a. Organization | Osceola Commissi | County Board of ioners | County | | | |
| b. Municipality and | d County | Osceola | | | | |
| c. Organization Ty | ре | | | | | |
| □For Profit Entity | | | | | | |
| □Non Profit 501(d | c)(3) | | | | | |
| □Non Profit 501(d | c)(4) | | | | | |
| ☑Local Entity | | | | | | |
| □University or Co | llege | | | | | |
| □Other (please sp | pecify) | | | | | |
| d. First Name | Don | | Last Name | Fisher | | |
| e. E-mail Address | don.fishe | r@osceola.org | | | | |
| f. Phone Number | (407)742 | -0517 | Ext. | | | |
| 19. Lobbyist Contact I | nformatio | n | | | | |
| a. Name | Mark K. | Delegal | | | | |
| b. Firm Name | Delegal A | Aubuchon Const | ulting LLC | | | |
| c. E-mail Address | mark@da | acfl.com | | | | |
| d. Phone Number | (850)508 | -7779 | | | | |



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