

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

LFIR # 1605

| 2. Senate Sponsor | Kristen Arringto | ın | | | |
|--|--|--|--|---|--|
| 3. Date of Request | 11/24/2025 | | | | |
| 4. Project/Program | Description | | | | |
| Currently, they pa | rk in a judicial parkin anding roof and insta | g lot next to the | judges that work out of th courthouse that had walls security gate to the curren security while entering or I | s, but no roof. The p itly walled off judicia | roject would al parking lot, therel |
| 5. State Agency to | eceive requested f | unds State | e Court System | | |
| State Agency co | ntacted? Yes | | | | |
| 6. Amount of the No | onrecurring Reques | t for Fiscal Yea | ar 2026-2027 | | |
| Type of Funding | | | Amo | unt | |
| Type of Farianing | | | | 0 | |
| Operating | | | | | |
| | ay | | | 3,000,000 | |
| Operating | | | | 3,000,000 3,000,000 | |
| Operating Fixed Capital Out Total State Fund 7. Total Project Cos | s Requested | 26-2027 (includ | ling matching funds ava | 3,000,000 | • |
| Operating Fixed Capital Out Total State Fund 7. Total Project Cos Type of Funding | s Requested t for Fiscal Year 20 | • | Amount | 3,000,000 ilable for this proje Percentage | • |
| Operating Fixed Capital Out Total State Fund 7. Total Project Cos Type of Funding Total State Funds | s Requested | • | | 3,000,000 | • |
| Operating Fixed Capital Out Total State Fund 7. Total Project Cos Type of Funding Total State Funds Matching Funds | s Requested t for Fiscal Year 20 | • | Amount 3,000,000 | 3,000,000 ilable for this proje Percentage 100% | • |
| Operating Fixed Capital Out Total State Fund 7. Total Project Cos Type of Funding Total State Funds Matching Funds Federal | s Requested t for Fiscal Year 20 Requested (from qu | uestion #6) | Amount 3,000,000 | 3,000,000 ilable for this proje Percentage 100% | • |
| Operating Fixed Capital Out Total State Fund 7. Total Project Cos Type of Funding Total State Funds Matching Funds Federal State (excluding t | s Requested t for Fiscal Year 20 | uestion #6) | 3,000,000 0 0 | 3,000,000 ilable for this proje Percentage 100% 0% | • |
| Operating Fixed Capital Out Total State Fund 7. Total Project Cos Type of Funding Total State Funds Matching Funds Federal | s Requested t for Fiscal Year 20 Requested (from qu | uestion #6) | Amount 3,000,000 | 3,000,000 ilable for this proje Percentage 100% | • |
| Operating Fixed Capital Out Total State Fund 7. Total Project Cos Type of Funding Total State Funds Matching Funds Federal State (excluding t Local Other | s Requested t for Fiscal Year 20 Requested (from qu | restion #6) | Amount 3,000,000 0 0 | 3,000,000 ilable for this proje Percentage 100% 0% 0% 0% | ect) |
| Operating Fixed Capital Out Total State Fund 7. Total Project Cos Type of Funding Total State Funds Matching Funds Federal State (excluding t Local Other Total Project Co 8. Has this project | Requested Requested (from quant amount of this reconsts for Fiscal Year 2 | quest) 2026-2027 I state funding? | Amount 3,000,000 0 0 0 3,000,000 | 3,000,000 ilable for this proje Percentage 100% 0% 0% 0% 0% 0% | ect) |
| Operating Fixed Capital Out Total State Fund 7. Total Project Cos Type of Funding Total State Funds Matching Funds Federal State (excluding t Local Other Total Project Co 8. Has this project If yes, provide the | Requested Requested (from quant of this reconstructions) Retrieved to the second of this reconstructions are constructed to the second of the second of this reconstruction of this reconstruction. | quest) 2026-2027 I state funding? | Amount 3,000,000 0 0 0 3,000,000 No Specific | 3,000,000 ilable for this proje Percentage 100% 0% 0% 0% 0% 0% | ect) |
| Operating Fixed Capital Out Total State Fund 7. Total Project Cos Type of Funding Total State Funds Matching Funds Federal State (excluding t Local Other Total Project Co 8. Has this project If yes, provide the | Requested Requested (from quant of this reconstructions) Retrieved to the second of this reconstructions are constructed to the second of the second of this reconstruction of this reconstruction. | quest) 2026-2027 I state funding? | Amount 3,000,000 0 0 0 3,000,000 No Specific | 3,000,000 ilable for this proje Percentage 100% 0% 0% 0% 0% 100% | ect) |
| Operating Fixed Capital Out Total State Fund 7. Total Project Cos Type of Funding Total State Funds Matching Funds Federal State (excluding t Local Other Total Project Co 8. Has this project If yes, provide the | Requested Requested (from quant of this reconstructions) Retains a mount of this reconstructions are constructed to the construction of the construction of the construction of this reconstruction of this | quest) 2026-2027 I state funding? ance: | Amount 3,000,000 0 0 0 3,000,000 No Specific | 3,000,000 ilable for this proje Percentage 100% 0% 0% 0% 0% 100% | ect) |
| Operating Fixed Capital Out Total State Fund 7. Total Project Cos Type of Funding Total State Funds Matching Funds Federal State (excluding t Local Other Total Project Co 8. Has this project If yes, provide the | Requested Requested (from quant amount of this recent amount of this recent install the most recent installation in the most recent installation in t | quest) 2026-2027 I state funding? ance: Nonrecurri | Amount | 3,000,000 ilable for this proje Percentage 100% 0% 0% 0% 0% 100% | ect) |
| Operating Fixed Capital Out Total State Fund 7. Total Project Cos Type of Funding Total State Funds Matching Funds Federal State (excluding t Local Other Total Project Co 8. Has this project If yes, provide th Fiscal Year (yyyy-yy) 9. Is future-year funds | Requested Requested (from quant amount of this recent amount of this recent install the most recent installation in the most recent installation in t | question #6) 2026-2027 I state funding? ance: Nonrecurricurricular quested? | Amount 3,000,000 0 0 0 3,000,000 No Specific | 3,000,000 ilable for this proje Percentage 100% 0% 0% 0% 0% 100% | ect) |



10. Status of Construction

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3,000,000

3,000,000

| a. What is the current phase of the | e project? | | |
|---|---------------------------|--------------------------|----------|
| Planning | Construction N/ | A | |
| o. Is the project "shovel ready" (i. | e permitted)? | No | |
| c. What is the estimated start date | e of construction? | 07/01/2026 | |
| d. What is the estimated completi | on date of construction? | 06/30/2028 | |
| e. What funding stream will be us | ed for ongoing operations | s and maintenance of the | project? |
| Osceola County General Revenue | Fund | | |
| Osceola County | | | |
| Details on how the requested sta | te funds will be expended | I | |
| Spending Category | | Description | Amount |
| Administrative Costs: | | | |
| Executive Director/Project Head Salary and Benefits | | | |
| Other Salary and Benefits | | | |
| Expense/Equipment/Travel/Supplies/ Other | | | |
| Consultants/Contracted Services/Study | | | |
| Operational Costs | | | , |
| Salary and Benefits | | | |
| Expense/Equipment/Travel/Supplies/ Other | | | |
| Consultants/Contracted Services/Study | | | |

The project would construct a freestanding roof and install an

security while entering or leaving the Courthouse.

enhanced security gate to the currently walled off judicial parking lot, thereby giving judges with the Ninth Judicial Circuit additional

13. Program Performance

Planning Engineering

Construction/Renovation/Land/

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

Total State Funds Requested (must equal total from question #6)

Provide judges with the Ninth Judicial Circuit additional security while entering or leaving the Courthouse.

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

Construction of safety enhancements.

Fixed Capital Construction/Major Renovation:

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



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| | None. |
|-------|---|
| C | d. Who is the target population served by this project? How many individuals are expected to be served? |
| | Judges of the Ninth Judicial Circuit. 25-50 individuals |
| | e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured? |
| | Increased safety. Decrease in security incidences. |
| | 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. I | s 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. | Name of the natural disaster (or Executive Order # for events not under a federal declaration): |
| | |
| 15. F | las 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. F | las the entity applied for or received state assistance for this project (other than this request)? |
| | ☐ Yes, Applied |
| | ☐ Yes, Received |
| | ⊒ No |
| | □ No, but intends to apply |
| | If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of ommerce): |



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| 7. 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.fisher@osceola.org | | | | |
| d. Phone Number | (407)742 | -2385 | Ext. | | |
| | | | | | |
| B. Recipient Contact | | | | | |
| a. Organization | Osceola Commissi | County Board of ioners | County | | |
| b. Municipality and | d County | Osceola | | | |
| c. Organization Ty | pe | | | | |
| □For Profit Entity | | | | | |
| □Non Profit 501(d | :)(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 | -2385 | Ext. | | |
|). Lobbyist Contact I | nformatio | n | | | |
| a. Name | Mark K. | Delegal | | | |
| b. Firm Name | Delegal A | Aubuchon Consu | ulting LLC | | |
| c. E-mail Address | mark@da | acfl.com | | | |
| d. Phone Number | (850)508 | -7779 | | | |

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