



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1721

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The City of Safety Harbor seeks State assistance to improve security and customer service for residents and guests at their local City Hall. The current City Hall lacks adequate security measures to protect staff and ensure continuity of operations. The location needs to up-fit doors and locks, install closed circuit camera systems, replace lighting and windows, install a public address system, and remodel areas of the building that require fortification. Such work will ensure safe operations. Projects are ready for contract.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	160,000
Total State Funds Requested	160,000

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	160,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2026-2027	160,000	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future-year funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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10. Status of Construction

a. What is the current phase of the project?

☒ Planning ☐ Design ☐ Construction ☐ N/A

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

No

c. What is the estimated start date of construction?

10/01/2026

d. What is the estimated completion date of construction?

09/30/2027

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

Local general fund budget.

11. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

City of Safety Harbor, FL

12. Details on how the requested state funds will be expended

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 Renovation:		
Construction/Renovation/Land/Planning Engineering	The project would include infrastructure capital improvement items such as doors, locks, windows, security systems, and minor remodeling to City Hall.	160,000
Total State Funds Requested (must equal total from question #6)		160,000

13. Program Performance

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

Increasing safety for residents, guests, and employees to comfortably conduct local government in a safe atmosphere.

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

The installed systems will protect citizens and staff as they conduct daily business at City Hall.

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

The installed systems will protect citizens and staff as they conduct daily business at City Hall.



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

The target population includes the residents and guests of Safety Harbor, as well as employees, who utilize City Hall for services. As all city business is conducted through City Hall, the project projects to serve all approximately 16,000 residents of the community by ensuring continuous and safe operations.

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

The City will monitor unnecessary closure days, as well as employee leave and retention.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

The City does not anticipate experiencing any penalties as the project should be completed within the allotted time frame.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

a. If Yes, what phase best describes the project?

- ☐ Mitigation (reducing or eliminating potential loss of life or property)
- ☐ Response (addressing the immediate and short-term effects of a natural disaster)
- ☐ Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply



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a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

18. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

☐ For Profit Entity

☐ Non Profit 501(c)(3)

☐ Non Profit 501(c)(4)

☒ Local Entity

☐ University or College

☐ Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

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