



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1786

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Establishment of a disaster recovery facility in Gadsden County, strategically positioned within Talquin's service area. This facility will serve as a hub for processing mutual aid crews during storms, providing essential services such as lodging, meals, vehicle fueling, and laundry facilities for external utility crews engaged in disaster response. Its location provides the ability to provide assistance to crews deployed statewide to address natural disasters.

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	262,500
Fixed Capital Outlay	1,737,500
<b>Total State Funds Requested</b>	<b>2,000,000</b>

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

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,000,000	31%
<b>Matching Funds</b>		
Federal	3,500,000	56%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	800,000	13%
<b>Total Project Costs for Fiscal Year 2026-2027</b>	<b>6,300,000</b>	<b>100%</b>

8. Has this project previously received state funding?

If yes, provide the most recent instance:

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

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

a. If yes, indicate nonrecurring amount per year.

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

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



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#### 10. Status of Construction

##### a. What is the current phase of the project?

☐ Planning ☒ Design ☐ Construction ☐ N/A

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

Yes

##### c. What is the estimated start date of construction?

1/1/2026

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

12/30/2026

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

The Rural Utilities Service, an agency within the United States Department of Agriculture's Rural Development.

#### 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.

Talquin Electric Cooperative, Inc.

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Architect and Engineer	100,000
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Architect and Engineer	162,500
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Construction of Mutual Aid Staging and Coordination Site.	1,737,500
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,000,000</b>

#### 13. Program Performance

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

The funds will support Talquin in establishing a disaster recovery facility in Gadsden County, strategically positioned within our service area.

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

This facility will serve as a hub for processing mutual aid crews during storms, providing essential services such as lodging, meals, vehicle fueling, and laundry facilities for external utility crews engaged in disaster response. Its location provides the ability to provide assistance to crews deployed statewide to address natural disasters.

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



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The establishment of this facility will enhance Talquin's capacity to safely and swiftly restore electric, water, and wastewater services in the aftermath of a natural disaster.

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

All persons living in Gadsden County and the surrounding areas, which is a high-poverty and high-minority area.

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

This facility will support the swift restoration of essential utility services, provide essential support to mutual aid crews arriving from out of town, and enhance Talquin's capacity to safely and swiftly restore electric, water, and wastewater services in the aftermath of a natural disaster.

**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?**

No penalties.

**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):**

Anticipated Natural Disaster

**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) 501(c)(12) Non Profit Electric Cooperative

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.*