



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1885

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The funds will be used to de-commission two wells according to DEP Requirements and Standards in order for us to use the property to build a 2-3 story parking garage.

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	100,000
<b>Total State Funds Requested</b>	<b>100,000</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)	100,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	100,000	50%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2026-2027</b>	<b>200,000</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

10. Status of Construction



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**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?**

12/31/2026

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

12/31/2025

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

Due to this being a one-time project, there won't be any ongoing funding needed for operations or maintenance.

**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 Tavares

**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		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	De-Commission of 2 (two) wells per DEP Requirements and Standards.	100,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>100,000</b>

**13. Program Performance**

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

Two (2) potable wells will be abandoned so a parking garage can be constructed to facilitate parking for downtown Tavares.

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

The two wells will be closed down. A 2-3 story parking garage will be built in order to provide parking for the citizens and visitors to the City of Tavares.

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

The two wells will be closed down. A 2-3 story parking garage will be built in order to provide parking for the citizens and visitors to the City of Tavares.



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

General population - 20,000. Plus, visitors who come through the area.

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

By abandoning the two wells, a parking garage will be constructed to help provide parking for the downtown area for events, parks, and local businesses.

**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?**

Return of funds if the deliverables are not met.

**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

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



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### Please complete questions 17 through 21 for Water Projects only.

#### 17. Have you been awarded or applied for alternative state funding for this project?

- ☐ Water Quality Improvement Grant Program
- ☐ Resilient Florida Grant Program
- ☐ Wastewater Revolving Loan
- ☐ Drinking Water Revolving Loan
- ☐ Small Community Wastewater Treatment Grant
- ☐ Other (please specify, ex. Alternative Water Supply Grants)
- ☒ N/A

#### 18. What is the population economic status?

- ☐ Financially Disadvantaged Community (ch. 62-552, F.A.C)
- ☐ Financially Disadvantaged Municipality (ch. 62-552, F.A.C)
- ☐ Rural Area of Economic Concern
- ☐ Rural Area of Opportunity (s. 288.0656, Florida Statutes)
- ☒ N/A

#### 19. What is the status of construction?

#### 20. What percentage of the construction has been completed?

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

#### 22. Requester Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 23. Recipient Contact Information



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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.

**24. 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.*