

LFIR # 1899

1.	Project Title	Trout Lake Nature Center New Education Complex - Final Phase						
2.	Senate Sponsor	Keith Truenow						
3.	Date of Request	10/28/2025						
4.	Project/Program De	scription						
	To meet the increasing demand for programs and activities, Trout Lake Nature Camp (TLNC) began to improve its infrastructure and education facilities in 3 phases. Phase 1 was completed. Phase 2 will be fully completed in the next month and was partially funded by the State of Florida. Phase 3 is building an ADA accessible, environmentally sustainable, building to house a museum, meeting spaces, community space, gift shop, and offices along with a screened education area to connect new and existing buildings. For FY 2025-26, a \$1,000,000 funding request was submitted. TLNC received \$500,000 to construct and furnish a new building. Due to this partial funding, additional funds are needed to complete the interior of the building, develop and install museum exhibits, and potentially renovate portions of the existing education building.							
5.	State Agency to rec	eive requested fun	i ds Departr	nent of Commerce				
;	State Agency contact	cted? No						
6. /	Amount of the Nonre	ecurring Request f	or Fiscal Year 2	026-2027				
]	Type of Funding			Amou	ınt			
ł	Operating			Amo	0			
ŀ	Fixed Capital Outlay				500,000			
1	Total State Funds R	anuestad						
- 1	Total Otalo I aliao It				500,000			
_					555,555			
7. 7		•	-2027 (including	matching funds avai		ect)		
Г		•	-2027 (including	matching funds avai		ect)		
Г	Total Project Cost fo	or Fiscal Year 2026		-	lable for this proje	ect)		
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	Total Project Cost fo Type of Funding Total State Funds Re	or Fiscal Year 2026		Amount	lable for this proje	ect)		
	Total Project Cost fo Type of Funding Total State Funds Re Matching Funds	or Fiscal Year 2026 equested (from ques	stion #6)	Amount 500,000	Percentage 67%	ect)		
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	Total Project Cost for Type of Funding Total State Funds Remode Matching Funds Federal State (excluding the a	or Fiscal Year 2026 equested (from ques	stion #6)	Amount 500,000	Percentage 67% 0%	ect)		
	Total Project Cost for Type of Funding Total State Funds Rematching Funds Federal State (excluding the associate)	equested (from ques	est)	Amount 500,000 0 0	Percentage 67% 0% 0%	ect)		
8.	Total Project Cost for Type of Funding Total State Funds Rematching Funds Federal State (excluding the allocal Other	equested (from questamount of this requested for Fiscal Year 202	est) 26-2027 tate funding?	Amount 500,000 0 0 0 250,000	Percentage 67% 0% 0% 0% 33%	ect)		
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs Has this project pre- If yes, provide the m	equested (from questamount of this requested for Fiscal Year 202	est) 26-2027 tate funding?	Amount 500,000 0 0 250,000 750,000 Yes	Percentage 67% 0% 0% 0% 33%	ect)		
8.	Total Project Cost for Type of Funding Total State Funds Remark Matching Funds Federal State (excluding the allocal Other Total Project Costs Has this project present the remark of the project of the p	equested (from questamount of this requested) for Fiscal Year 202 viously received services and the contract of the contract	est) 26-2027 tate funding? ce: unt Nonrecurring	Amount 500,000 0 0 0 250,000 750,000 Yes Specific Appropriation #	Percentage 67% 0% 0% 0% 33% 100%	ect)		
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs Has this project pre- If yes, provide the m	equested (from questamount of this requested for Fiscal Year 202 viously received sometimes and the control of	est) 26-2027 tate funding?	Amount 500,000 0 0 0 250,000 750,000 Yes Specific Appropriation #	Percentage 67% 0% 0% 0% 33% 100%	ect)		
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs Has this project pre If yes, provide the m Fiscal Year (yyyy-yy) 2025-26 Is future-year funding a. If yes, indicate no	equested (from questamount of this requested sequested for Fiscal Year 202 viously received sequested instance Amount of this requested sequested for Fiscal Year 202 viously received for Fiscal Year 202 viously	estion #6) 26-2027 tate funding? ce: unt Nonrecurring 500,00 ested? t per year.	Amount 500,000 0 0 0 250,000 750,000 Yes Specific Appropriation #	Percentage 67% 0% 0% 0% 33% 100%	ect)		



10. Status of Construction

13. Program Performance

Planning

a. What is the current phase of the project?

Opening the state of the sta

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

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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

O N/A

Yes

01/01/2027

06/15/2027

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Complete questions 10 and 11 for Fixed Capital Outlay Projects

Construction

Annual operating budget for the T and program fees.	nnual operating budget for the Trout Lake Nature Center will be used. Funding sources include entry fees, donations, and program fees.						
List the owners of the facility to relationship between the owner	receive, directly or indirectly, any fixed capital outlay funding. Inc	lude the					
Trout Lake Nature Center							
Details on how the requested sta	ate funds will be expended						
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							
Fixed Capital Construction/Major	or Renovation:						
Construction/Renovation/Land/ Planning Engineering	Complete interior of newly built 10,000 SF building and installation of appropriate technology to conduct meetings and operate exhibits in museum, and office spaces. Complete interior spaces and furnish appropriately and begin renovating existing Education Building. Exhibit designers to create new exhibits and for exhibit installation.	500,00					
Total State Funds Requested (m	nust equal total from question #6)	500,00					

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



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Provide nature-based education for the region, visitors, and students. To expand programs and increase our capacity to meet demands for programs and services, we need to build additional classrooms (indoors and outdoors), replace our aging natural history museum trailer, provide ADA accessible bathrooms and add meeting rooms. Construction will allow for a nature play area for smaller children and provide additional space to offer overlapping programs.

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

Contractor has been selected and first pre-construction meeting to build a 10,000 SF building. Preliminary design has been started with contractor and TLNC. Completion of needed construction drawings and plans to be able to apply for needed permits and begin the construction bid process.

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

Serving as the only nature center in Lake County, TLNC will be able to expand education programs and events and add new programs. Having an updated and improved interpretive natural history museum will benefit visitor's learning. Concurrent programs will be possible and business retreats, professional development training and eco-therapy programs can be expanded.

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

In the past 9 years, TLNC has provided 600 student field trips to students within and without Lake County reaching about 232,000 students with these learning experiences. In addition, TLNC programs, activities and trails have been used by an additional 295,000 people allowing us to educate a little bit more than half a million people. Annually, we service about 30,000 people with a variety of programs and trail and exhibit visitations.

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

Programs are evaluated using quantitative and qualitative methods, visitation is tracked, participant numbers recorded and online reviews are used.

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?

	J		•		•			
R	Return of funds	for failure to me	et deliverables.					
14. Is	this project re	lated to mitigat	tion, response,	or recovery	/ from a na	tural disaste	er? No	
a. If	f Yes, what ph	ase best descri	ibes the projec	:t?				
	Mitigation (re	educing or elimin	nating potential	loss of life or	property)			
	Response (a	ddressing the in	nmediate and s	hort-term eff	ects of a nat	tural disaster	-)	
	Recovery (a	ssisting commur	nities return to n	ormal opera	ions, includ	ling rebuilding	g damaged i	nfastructure)
b. N	Name of the na	tural disaster (or Executive C	order # for e	vents not u	ınder a fede	ral declarat	ion):
15. Ha	s the entity a	oplied for or red	ceived federal	assistance f	or this pro	ject?		
	Yes, Applied							
	Yes, Received							

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

□ No

□ No, but intends to apply



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b. Provide the total	project c	ost listed on the	e FEMA proj	ect worksheet:		
I6. Has the entity app	lied for o	r received state	assistance	for this project (other tha	n this request)?	
☐ Yes, Applied						
☐ Yes, Received						
□ No						
☐ No, but intends to	o apply					
a. If yes, specify the Commerce):	e progran	n and state ager	ncy (ex. Loca	al Government Emergend	ey Bridge Loan, Department	
7. Requester Contact	t Informat	ion	_			
a. First Name	Eileen		Last Name	Tramontana		
b. Organization	Trout Lak	ke Nature Center	, Inc.			
c. E-mail Address	TLNC.director@gmail.com					
d. Phone Number	(352)357	-7536	Ext.			
8. Recipient Contact	Information	on				
a. Organization		ke Nature Center	r, Inc.			
b. Municipality and	d County	Lake				
c. Organization Ty	ре					
□For Profit Entity						
☑Non Profit 501(c	c)(3)					
□Non Profit 501(c	c)(4)					
□Local Entity						
□University or Co	llege					
□Other (please sp	pecify)					
d. First Name	Eileen		Last Name	Tramontana		
e. E-mail Address	TLNC.dir	ector@gmail.cor	n			
f Phone Number	(252)257	7536	Eyt			



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a. Name	None	
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.