



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1912

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

In an effort to stimulate local business activity and support ongoing development and redevelopment in downtown Leesburg, the City is partnering with LifeStream to demolish an existing structure and repurpose public property to create additional, centralized parking in the historic downtown area. The goal is to enhance accessibility, promote local commerce, and further revitalize the City's central business district.

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	650,000
<b>Total State Funds Requested</b>	<b>650,000</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)	650,000	32%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	1,350,000	68%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2026-2027</b>	<b>2,000,000</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?

03/01/2026

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

09/30/2026

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

The project proposes the use of State grant and Local CRA funding.

#### 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.

The City of Leesburg is the primary owner and manager of the project.

LifeStream will be providing property-access rights as their project contribution.

#### 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	Demolition of structures and construction of landscaping, road and parking improvements.	650,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>650,000</b>

#### 13. Program Performance

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

The project's goal is to continue efforts which revitalize and redevelop Leesburg's historic downtown by utilizing partnerships and existing property to improve access to local merchants and Leesburg's central business district.

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

The project will provide improved access to Leesburg's downtown, which promotes local and regional commerce.

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



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The project will provide improved access to Leesburg's downtown, which promotes local and regional commerce.

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

Regional residents. Over 250,000 downtown visits annually.

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

The project's success will be measured in increased downtown investment which leads to increased property values. The project will also be measured in the rise of sales by local merchants and success of local events which occur in the historic downtown.

**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?**

Repayment of the \$650,000 for failure to meet deliverables.

**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.*