



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1944

1. Project Title
2. Senate Sponsor
3. Date of Request

4. Project/Program Description

The City of Mascotte requests funding for relocating its Public Works facility from its current flood-prone location, identified in a Resilient Florida Vulnerability Assessment and Adaptation Plan, to a safer site. This relocation will safeguard essential services, including water and sewer maintenance, roadway clearance, debris management, and emergency response coordination, while reducing risks from repetitive flooding. The new facility will also incorporate a workforce training area, strengthening regional emergency preparedness and disaster recovery capabilities.

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	1,000,000
<b>Total State Funds Requested</b>	<b>1,000,000</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)	1,000,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2026-2027</b>	<b>1,000,000</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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## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1944

#### 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?

03/30/2027

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

06/30/2028

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

Public Works Fund

#### 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 Mascotte

#### 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	Pre-Construction and construction activities for the relocation of the Public Works Facility.	1,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,000,000</b>

#### 13. Program Performance

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

The goal is to relocate Mascotte's Public Works facility from a flood-prone site to a safer location, ensuring uninterrupted delivery of essential municipal services, including water and sewer maintenance, roadway clearance, debris management, and emergency response coordination,

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

The funding will cover pre-construction activities, like planning, designing, and engineering, and construction of a new facility, including a workforce training area.

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



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A workforce training area within the new Public Works facility will be a service provided to the citizens.

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

The target population served by this project is all residents of Mascotte, population 6,609 as of the 2020 census, as well as residents within Lake County that rely on the emergency preparedness and disaster recovery assistance provided by Mascotte's Public Works.

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

The expected benefit of the project is relocating the Public Works facility from its current flood-prone area, ensuring continuity of essential municipal services. The methodology to measure this outcome is to track the number of days essential services remain fully operational during storm events after relocation versus historical information about disruptions.

**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?**

If the project does not meet the standards of the department, this will be addressed through withholding payment, corrective action plans, or termination of the agreement.

**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):**

Not tied to a specific disaster. The goal is to relocate the aging and dilapidated facility outside of the floodplain for City Staff and Emergency Response to work safely from during future natural disasters. This has been a recurring issue.

**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



# The Florida Senate

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### Fiscal Year 2026-2027

LFIR # 1944

- ☐ 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):**

Resilient Florida Implementation Grant 2025

### 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?**

Design

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

0%

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

06/30/2028

**22. Requester Contact Information**

**a. First Name**

Dolly

**Last Name**

Miller



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b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 23. 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.

#### 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.*