



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1945

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Montverde requests funds to match existing local funds for the creation of its first ADA-compliant public park. This initiative will upgrade key recreational facilities with ADA-compliant features ensuring safe, equitable access for residents of all abilities. By removing physical barriers, the project promotes outdoor recreation, strengthens community connections, and supports long-term development. It aligns with the State's ongoing public health and safety goals by fostering outdoor physical activity and overall well-being. This project will allow the Town to strive for excellence in accessibility, meeting the standards established by the Americans with Disabilities Act and enhancing quality of life for all residents and visitors.

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	250,000
Total State Funds Requested	250,000

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)	250,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	250,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2026-2027	500,000	100%

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.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1945

Complete questions 10 and 11 for Fixed Capital Outlay Projects

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?

03/30/2028

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

Parks & Recreation fund will be used for ongoing operations and maintenance of the park.

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.

Town of Montverde

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Construction of ADA-compliant features at the park ensuring safe, inclusive access for all users and to meet the standards established by the Americans with Disabilities Act.	250,000
Total State Funds Requested (must equal total from question #6)		250,000

13. Program Performance

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

Funds will be used to construct ADA-compliant features at the park ensuring safe, inclusive access for all users and to meet the standards established by the Americans with Disabilities Act.

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1945

Montverde's first ADA-compliant park will help in fostering equitable access, community pride, and long-term development.

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

An ADA-accessible park in Montverde will directly provide safe, inclusive recreational opportunities for residents of all abilities, enabling access to outdoor activities, community events, and wellness programs that promote physical and mental well-being.

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 includes all residents and visitors who require an ADA accessible outdoor area and their families and friends. The total population of Montverde is approximately 1,800.

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 benefit will be to create Montverde's first ADA-compliant park, expanding safe and equitable access to recreational facilities, promoting physical and mental well-being, and strengthening community connections for residents of all abilities. The method by which it will be measured by tracking park usage before and after improvements.

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?

Withholding payment, invoice reduction, corrective action plan, termination of 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):

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)?



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1945

- ☐ 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):

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 Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1945

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.