



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1956

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Town of Montverde Community Facility Renovation will transform an aging center into a modern, accessible hub for civic engagement, education, and recreation. Upgrades include structural repairs, ADA compliance, energy-efficient systems, and flexible spaces for programs and events. This investment strengthens local infrastructure, supports economic vitality by attracting visitors and hosting community activities, and enhances quality of life for residents.

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	750,000
<b>Total State Funds Requested</b>	<b>750,000</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)	750,000	73%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	275,000	27%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2026-2027</b>	<b>1,025,000</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)?

No

##### c. What is the estimated start date of construction?

11/15/2026

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

11/15/2027

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

General Funds

#### 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
<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	Funds will support professional architectural and engineering services, including site assessments, structural analysis, ADA compliance planning, energy-efficiency design, and preparation of construction documents. Renovation funds will cover structural repairs, stabilization, ADA accessibility upgrades, energy-efficient systems, interior improvements, and creation of flexible spaces for community programs. Exterior enhancements and safety compliance measures.	750,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>750,000</b>

#### 13. Program Performance

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

The Town of Montverde Community Facility Renovation will transform an aging center into a modern, accessible hub for civic engagement, education, and recreation. Upgrades include structural repairs, ADA compliance, energy-efficient systems, and flexible spaces for programs and events. This investment strengthens local infrastructure, supports economic vitality by attracting visitors and hosting community activities, and enhances quality of life for residents.



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

The intended purpose of these funds is to renovate and improve the community facility through construction-related activities. The project will include structural repairs, modernization of interior spaces, and upgrades to meet safety and ADA accessibility standards. Specific activities will involve replacing outdated infrastructure and enhancing multipurpose areas for community use. These renovations will ensure the facility is safe, functional, and equipped to serve as a hub for community engagement and development.

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

The appropriation project will provide citizens with a renovated community facility designed to serve as a safe, accessible, and functional space for public use. The project will include structural improvements, modernization of interior spaces, and upgrades to meet ADA accessibility standards. Renovations will enhance multipurpose areas for community meetings, educational programs, and recreational activities, while improving infrastructure. By investing in these construction and renovation efforts, the project ensures that residents have a high-quality facility that fosters engagement, learning, and community development for years to come.

**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 of the community who utilize the facility for public meetings, educational programs, recreational activities, and civic engagement. The renovated facility will provide a safe, accessible, and modern space for individuals of all ages, including families, seniors, and youth. It is anticipated that the facility will serve citizens within the Town of Montverde, Lake County, and beyond. Montverde's growth rate at approximately 3%.

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

The target population served by this project includes all residents of the community who utilize the facility for public meetings, educational programs, recreational activities, and civic engagement. The renovated facility will provide a safe, accessible, and modern space for individuals of all ages, including families, seniors, and youth. It is anticipated that the facility will serve citizens within the Town of Montverde, Lake County, and beyond. Montverde's growth rate at approximately 3%.

**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?**

Withhold payment, 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



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☐ 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):

#### 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



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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.*