

LFIR # 1969

8. [9.	Other Total Project Costs Has this project prolet yes, provide the Fiscal Year (уууу-уу) Is future-year fundia. If yes, indicate no b. Describe the sou	eviously received a most recent instar Amo Recurring ing likely to be req onrecurring amou	state funding? ace: bunt Nonrecurring uested? nt per year.	No Specific Appropriation # No No ieu of state funding.	Vetoed	
8. [9.	Total Project Costs Has this project pro If yes, provide the Fiscal Year (уууу-уу) Is future-year fundi	eviously received a most recent instar Amo Recurring	state funding? ace: bunt Nonrecurring uested?	Specific Appropriation #		
8.	Total Project Costs Has this project pro If yes, provide the Fiscal Year (уууу-уу)	eviously received a most recent instar Amo Recurring	state funding? nce: punt Nonrecurring	Specific Appropriation #		
8.	Total Project Costs Has this project pro If yes, provide the Fiscal Year (уууу-уу)	eviously received a most recent instar Amo Recurring	state funding? nce: punt Nonrecurring	Specific Appropriation #		
8.	Total Project Costs Has this project pro If yes, provide the Fiscal Year	eviously received a most recent instar	state funding? nce: ount	No Specific		
8.	Total Project Costs Has this project pro If yes, provide the Fiscal Year	eviously received a most recent instar	state funding? nce: ount	No Specific		
8.	Total Project Costs Has this project pro If yes, provide the	eviously received s most recent instar	state funding?	No		
8.	Total Project Costs Has this project pre	eviously received	state funding?		100%	l
		s for Fiscal Year 20	26-2027	195,000	100%	
	Oth a =			0	0%	
1	Local			0	0%	
	State (excluding the	amount of this requ	ıest)	0	0%	
F	Federal			0	0%	
	Matching Funds					
	Total State Funds R	equested (from que	stion #6)	195,000	100%	
	Type of Funding			Amount	Percentage	
	Total State Funds I Total Project Cost f	<u> </u>	6-2027 (including	│ matching funds avai	195,000 lable for this proj	ect)
- 1	Fixed Capital Outlay				195,000	
1	Operating				0	
- 1	Type of Funding			Amo	_	
6. /	Amount of the Noni	recurring Request	for Fiscal Year 20	26-2027		
;	State Agency conta	acted? No				
5.	State Agency to red	ceive requested fu	nds Departm	ent of Environmental I	Protection	
	improved safety and regional events, inst provide an inclusive	I accessibility, renovalling perimeter fengathering space. The fosters youth enga	rating Maddox Park cing to secure the p hese improvements gement, strengther	s and recreation areas baseball fields to enhoark and protect inves will create a vibrant, as community bonds, affe.	nance play conditio tments, and moder multi-use destination	ns and attract nizing the pavilion to on that promotes
4.	Project/Program De	•				
3.	Date of Request	12/5/2025				
	Senate Sponsor	Stan McClain				
2.	Project Title	Archer Recreation	on Area Renovation	S		
	Project Litle	A 1 D (*	A D .:			



10. Status of Construction

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

LFIR # 1969

Complete questions 10 and 11 for Fixed Capital Outlay Projects

a. What is the current phase of the project?	
○ Planning	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?
e. What funding stream will be used for ongoing operations General fund	and maintenance of the project?
	and maintenance of the project?
	tly, any fixed capital outlay funding. Include the

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	or Renovation:	
Construction/Renovation/Land/ Planning Engineering	Renovation and upgrades to the aging recreation areas and facilities	195,000
Total State Funds Requested (m	nust equal total from question #6)	195,000

13. Program Performance

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

The specific goal of the funds being requested is to revitalize and upgrade the aging recreation areas and facilities, including upgrades to the splash pad, the baseball fields, park fencing, and the pavilion, in order to create a vibrant, multi-use destination that promotes health and wellness, fosters youth engagement, strengthens community bonds, and stimulates economic activity.

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



LFIR # 1969

The activities provided by the funds include revitalizing and upgrading the aging recreation areas and facilities, including upgrades to the splash pad, the baseball fields, park fencing, and the park pavilion.

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

The direct service provided by the project include renovating and upgrading the aging and deteriorating recreation and park areas, which will create a vibrant, multi-use destination that promotes health and wellness, fosters youth engagement, strengthens community bonds, and stimulates economic activity.

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

The City of Archer's population of approximately 1,140 people as of the 2020 census will be served.

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 this project is to provide vibrant, multi-use areas that promote physical health and wellness, fostering youth engagement, strengthening community bonds, and stimulating economic activity in the area. The methodology by which this outcome will be measured is by tracking the numbers of people who use the facilities before and after the renovations occur.

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.

CO	ricetive action plans, or termination of the agreement.
. Is t	his project related to mitigation, response, or recovery from a natural disaster? No
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 infastructure
b. N	ame of the natural disaster (or Executive Order # for events not under a federal declaration):
5. Has	s the entity applied for or received federal assistance for this project?
	es, Applied
	es, Received
□ 1	No
□ 1	No, but intends to apply
a. If	yes, provide the FEMA project worksheet ID#:
b. P	rovide 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)?



LFIR # 1969

☐ Yes, Applied					
☐ Yes, Received					
□ No	□ No				
☐ No, but intends to	apply				
a If was specify the	nrogram	n and state ane	ncy (ex. Loc:	al Governmen	t Emergenc
Commerce):	 a. If yes, specify the program and state agency (ex. Local Government Emergen Commerce): 				
47. Daminatan Cantant	lf 4				
17. Requester Contact a. First Name	Deanna	1011	Last Name	Allton	
b. Organization	City of Ar	cher	uot Huille	, antop	
c. E-mail Address			<u> </u>		
d. Phone Number	•		Ext.		
	, , ,		_		
18. Recipient Contact	Information	on			
a. Organization	City of Ar	cher			
b. Municipality and	I County	Alachua			
c. Organization Ty _l	ре				
□For Profit Entity					
□Non Profit 501(c)(3)				
□Non Profit 501(c	, , ,				
☑Local Entity	, ()				
·					
□University or Co					
□Other (please sp	ecify)				
d. First Name	Deanna		Last Name	Alltop	
e. E-mail Address	dalltop@	cityofarcher.com	1		
f. Phone Number	(352)495	-2880	Ext.		
19. Lobbyist Contact I	nformatio	on			
a. Name		Anzueto			
b. Firm Name	GrayRob	oinson PA			
c. E-mail Address	Kylee.An	zueto@gray-rob	inson.com		
d. Phone Number	er (407)843-8880				



LFIR # 1969

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