

Appendix A

Lake County Library Impact Fees  
**PROJECT APPLICATION**  
Application Deadline: March 1

**1. APPLICANT INFORMATION**

A. LEGAL NAME OF APPLICANT (Government)

Town of Howey-in-the-Hills

B. APPLICANT ADDRESS


Street 112 West Central Avenue PO Box if applicable \_\_\_\_\_

City Howey-in-the-Hills Zip Code 32737

C. APPLICATION REQUIREMENTS (Both 1 and 2 are required)

1.  County library impact fee is assessed within municipality, or  
 Municipality collects local library impact fee which is equal to or greater than county library impact fee, or  
 Municipality collects local library impact fee which is less than county library impact fee and remits the difference between local and county impact fee to county.
2.  Municipality has a library which is a member of the Lake County Library System (LCLS), or  
 Is a newly created library which has submitted a letter of intent for the municipality's library to become a Member of the LCLS in accordance with LCC-7.

D. APPROVAL TO SUBMIT APPLICATION (By library governing body or City Administrator)

  
Signature

Digitally signed by Sean O'Keefe  
Date: 2025.02.27 14:49:43  
-05'00'

Sean O'Keefe  
Name and Title

**2. LIBRARY INFORMATION**

A. NAME OF LIBRARY Marianne Beck Memorial Library

B. LIBRARY ADDRESS  Current  Future

Street 112 West Central Avenue City Howey-in-the-Hills Zip 34737

**3. PROJECT MANAGER** (Library Director)

A. Name Amanda Moldan Telephone 352-805-7704  
Fax \_\_\_\_\_ E-mail amoldan@howey.org

**4. TYPE OF PROJECT**

- A.  CONSTRUCTION  
 Design & Engineering       New Building       Expansion
- B.  COLLECTIONS  
 System-Wide
- C.  TECHNOLOGY (System-wide projects only.)
- D.  EQUIPMENT

**5. THIS PROJECT IS INCLUDED IN (PLANNED PROJECTS):** (Maximum of 5 points) (Mark all that apply)

- City or County Capital Improvement Plan  
 Lake County Library System Long Range Plan of Service  
 Lake County Library System Annual Plan of Service  
 Other (Describe) \_\_\_\_\_

6. **COST OF TOTAL PROJECT** (Estimated) 200,000

7. **AMOUNT REQUESTED** (Maximum of 10 points) 200,000

8. **PERCENT OF PROJECT ELIGIBLE FOR IMPACT FEES** 100%

**9. PRIMARY SOURCE OF IMPACT FEES:** (Maximum of 10 points)

- Applicant contributes to countywide library impact fee fund (10 points)  
 Applicant collects and retains impact fees locally (-10 points)

**10. PRIOR PROJECT SUBMISSIONS** (Maximum of 10 points)

- A. Is this a new project request:  
 Yes (skip to section 11)  
 No (complete Sections 10.B and 10.C)
- B. Year(s) requested: \_\_\_\_\_ Was the project previously approved by the Library Advisory Board?  
 Yes       No

Appendix A  
Lake County Library Impact Fees – PROJECT APPLICATION

If Yes, what year(s) was the project approved: \_\_\_\_\_

C. Has project previously received funding from library impact fees?

Yes  No

If Yes, was the project request  partially or  fully funded?

Year/s \_\_\_\_\_ Amount \$ \_\_\_\_\_

11. **PROJECT NARRATIVE** – (Include as an attachment; no more than 3 pages. Maximum of 35 points)

a. **Brief project description.** (5)

*Include project history and expected outcomes of the completed project. For construction projects, include a walkthrough of the facility, including the programmatic layout. For collection and equipment projects, outline expected use and how project will be supported after acquisition.*

b. **Justification for use of impact fees.** (5)

*What is the historical growth and expected growth in the service area of the project? Why are impact fees justified? How is this an expansion of capacity and not addressing a deficiency? How is this project sustainable in your budget? How will this project effect staff?*

c. **Describe need for project.** (5)

*Provide statistics and anecdotal information supporting the need. For collection projects, describe the gaps in the local collection, the system collection or areas of future growth that will be met by the project? What is the need for expansion or new construction? What expansion of capacity will the requested equipment provide?*

d. **Describe the project's benefit to the local community.** (5)

*How will the local community benefit from this project? What are the desired outcomes for the local community? How will the local community use the project? How will the project contribute to new or improved services?*

e. **Describe how the project will benefit county-wide library service.** (10)

*What new or expanded services will be provided to the Lake County Library System cooperative and/or County residents? How does this project address expansion of capacity?*

f. **Provide an itemized cost estimate for equipment requests** (for equipment grants only) (5)

12. **INITIAL YEAR OF PARTICIPATION IN THE COOPERATIVE** 2009

13. **COMPLETED BY:** Amanda Moldan/ Library Director **DATE:** 2/27/2025  
(Name / Title)

RETURN THIS FORM TO: DIRECTOR OF THE LAKE COUNTY OFFICE OF  
LIBRARY SERVICES

418 W. Alfred St., Suite C, Tavares, FL 32778

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**Staff Use Only**

Project Rating \_\_\_\_\_ Project Ranking \_\_\_\_\_  
Recommended Level of Funding \_\_\_\_\_  
Approved Level of Funding \_\_\_\_\_  
Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_