



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** City of Crystal River Three Sisters Springs Infrastructure Improvements

2. **Senate Sponsor:** Wilton Simpson

3. **Date of Submission:** 12/11/2017

4. **Project/Program Description:**

The Three Sisters Spring site is only partially developed for tourism. The funding will be used to add essential services and activities to promote tourism, with the primary goal being economic development.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Economic Opportunity

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

| Amount Requested for Operations | Amount Requested for Fixed Capital Outlay | Total Amount of Requested State Funds |
|---------------------------------|---|---------------------------------------|
| | 400,000 | 400,000 |

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

| Type | Amount | Percent |
|--|---------|---------|
| Federal | 0 | 0.0% |
| State (excluding the amount of this request) | 0 | 0.0% |
| Local | 200,000 | 33.3% |
| Other | 0 | 0.0% |
| TOTAL | 200,000 | 33.3 % |

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 600,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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| | | | |
|-------------------------------|---|--|---|
| FY: | Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.) | | |
| Column: | A | B | C |
| Funds Description: | Prior Year Recurring Funds * | Prior Year Nonrecurring Funds * | Total Funds Appropriated (Column A + Column B) |
| Input Amounts: | | | |

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

The Three Sisters Spring site in Crystal River is only partially developed for tourism. The funding will be used to add essential services and activities to promote tourism, with the primary goal being economic development.

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

Tourism and Economic Development.

c. How will the funds be expended?

| Spending Category | Description | Amount |
|--|-------------|--------|
| Administrative Costs | | |
| <input type="checkbox"/> Executive Director/Project Head Salary and Benefits | | |
| <input type="checkbox"/> Other Salary and Benefits | | |
| <input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other | | |
| <input type="checkbox"/> Consultants/Contracted Services/Study | | |
| Operational Costs | | |
| <input type="checkbox"/> Salary and Benefits | | |
| <input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other | | |
| <input type="checkbox"/> Consultants/Contracted Services/Study | | |



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| | | |
|---|---|---------|
| Fixed Capital Construction/Major Renovation | | |
| <input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering | The site has a long term capital plan that includes fishing piers, trails, observation tours and essential services like bathrooms. | 400,000 |
| TOTAL | | 400,000 |

d. What are the direct services to be provided to citizens by the appropriations project?

Tourism and Economic Development.

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

Tourist and residents of Citrus County - hundreds of thousands per year.

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

The upgrades to the Three Sisters will allow for increased educational opportunities and well as increased tourism and economic development in Crystal River.

g. 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?

Reversion of money

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

City of Crystal River

13. Requestor Contact Information:

- a. Name: Dave Burnell
- b. Organization: City of Crystal River
- c. Email: dburnell@crystalriverfl.org
- d. Phone Number: (352)795-4216

14. Recipient Contact Information:

- a. Organization: City of Crystal River
- b. County: Citrus
- c. Organization Type:
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)



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- ☒ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

d. Contact Name: Dave Burnell

e. E-mail Address: dburnell@crystalriverfl.org

f. Phone Number: (352)795-4216

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: Laura Boehmer

b. Firm: Southern Strategy Group

c. Email: boehmer@sostrategy.com

d. Phone Number: (813)563-4100