



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** St. Mark's River Walk

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 12/18/2017

4. **Project/Program Description:**

Extension of an existing multi use path that extends from Tallahassee to St Marks. Currently, the existing trail ends at Riverside Drive. This project ties the end of the existing MUP to the beginning of the existing River Walk. This project is SHOVEL READY WITH PLANS AND PERMITS AND PERMITS IN PLACE

5. **State Agency Contacted?** No

a. If yes, which state agency?

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

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 |
|---------------------------------|---|---------------------------------------|
| | 1,295,000 | 1,295,000 |

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 | 0 | 0.0% |
| Other | 0 | 0.0% |
| TOTAL | 0 | 0.0 % |

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,295,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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?

To construct a 1,500 LF Multi-Use Path (MUP) that will connect the existing Tallahassee-St Marks Trail and San Marcos de Apalachee Trail.

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

This project will increase tourism to the area, increase recreational opportunities to the public, increase historic education of the area, encourage exercising and multi-modal transportation in the area, and increase economic development in the area.

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 | | |



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| | | |
|---|--|-----------|
| <input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other | | |
| <input type="checkbox"/> Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation | | |
| <input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering | Construction/Renovation/Land /Planning Engineering | 1,295,000 |
| TOTAL | | 1,295,000 |

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

Improve physical health, increased outdoor recreational opportunities, increase volume of visitors

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

Elderly Persons, Economically Disadvantaged Persons, Physically Disabled, Preschool Students, Grade School Students, High School students, University/College Students, Bird Watchers, Naturalist

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

Allows for multi-modal transportation on a stable ADA compliant river walk, appreciation of the history and environment of the local area while removing foot traffic from trampling environmentally sensitive areas, enhance tourism by closing the gap between the two existing trails and providing connection to another important destination. Increase in revenue to local businesses, increase in volume of visitors, increase in volume of users of the trail, observe local fish wildlife for increase in population and diversity, and increased visits from school groups

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?

Standard policy is 1 0% retainage/ if deliverable are not met a monthly retainage will be 2%

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.

N/A

13. Requestor Contact Information:

- a. **Name:** Zoe Mansfield
- b. **Organization:** City of St. Marks
- c. **Email:** cityofstmarks@comcast.net
- d. **Phone Number:** (850)925-6224

14. Recipient Contact Information:

- a. **Organization:** City of St. Marks



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b. County: Wakulla

c. Organization Type:

- ☐ For Profit
- ☐ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☒ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

d. Contact Name: Zoe Mansfield

e. E-mail Address: cityofstmarks@comcast.net

f. Phone Number: (850)925-6224

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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number:

16. Have you applied for alternative state funding?

- ☐ Wastewater Revolving Loan
- ☐ Drinking Water Revolving Loan
- ☐ Small Community Wastewater Treatment Grant
- ☐ Other (Please describe)
- ☒ N/A

17. What is the population economic status?

- ☐ Financially Disadvantaged Community (ch. 62-552, F.A.C)
- ☐ Financially Disadvantaged Municipality (ch. 62-552, F.A.C)
- ☒ Rural Area of Economic Concern
- ☐ Rural Area of Opportunity (s. 288-0656, Florida Statutes)
- ☐ N/A

18. What is the status of construction?

Shovel ready

19. What percentage of construction has been completed?



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0%

20. What is the estimated completion date of construction?

0