

LFIR # 1995

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Project/Program Construction of an asp	10/10/2019  Description  Chalt and elevated wood construction walk g bike trail and downtown area to the San		LF of walkway alone
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	· ·	artment of Economic	Opportunity
State Agency cont	acted? Yes No	Voar 2020-2021	
Type of Funding		Amount	
Operations	,	000	
Fixed Capital Ou	utlay	890,000	
Total State Fun	ds Paguested		
	us Nequesteu	890,000	
Total Project Cos	t for Fiscal Year 2020-2021 (inc		nds available f
Type of Funding	t for Fiscal Year 2020-2021 (inc	cluding matching fu	
Type of Funding	st for Fiscal Year 2020-2021 (inc g s Requested (from question #6)	cluding matching fu	Percentage
Type of Funding	st for Fiscal Year 2020-2021 (inc g s Requested (from question #6)	cluding matching fu	Percentage
Type of Funding Total State Fund Matching Funds Federal	st for Fiscal Year 2020-2021 (inc g s Requested (from question #6)	Amount 890000	Percentage 100.0 %
Type of Funding Total State Fund Matching Funds Federal	st for Fiscal Year 2020-2021 (inc g s Requested (from question #6)	Amount 890000	Percentage
Type of Funding Total State Fund Matching Funds Federal State (excluding	st for Fiscal Year 2020-2021 (inc g s Requested (from question #6)	Amount  890000  00	Percentage 100.0 % 0 % 0 %



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#### 10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Oth	er	
Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construc	tion/Major Renovation:	
Construction/Renovation/ Land/Planning	Survey, design, permitting, and CEI for the construction of an asphalt and elevated wood construction walkway approximately 1,500 LF.	890,000
Engineering		
Total State Funds Re	equested (must equal total from question #6)	890,000



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1.	Program Performance
a.	What specific purpose or goal will be achieved by the funds requested?
	Construction of approximately 1,500 LF of walkway.
b.	What activities and services will be provided to meet the intended purpose of these funds?
	Survey, design, permitting, construction inspection, and construction.
C.	What direct services will be provided to citizens by the appropriation project?
	This project will open up the waterfront along the St. Marks River to the public from the San Marcos de Apalachee State Park to the business district of the town of St. Marks. Also, the walkway will connect to the existing St. Marks Bike Trail which starts in Leon County and terminates in the City of St. Marks.
d.	Who is the target population served by this project? How many individuals are expected to be served?
	The target population will include, but is not limited to, individuals fishing, cycling, and walking. It is difficult to determine the actual number of individuals that will be served, but a conservative number would be 7,000 people a year.
e.	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
	It is expected to increase the usage of the existing St. Marks Bike Trail, visitors to the San Marcos de Apalachee State Park, and tourism to the City of St. Marks. The outcome can be measured through registrations at the state park and the increased traffic in the local business's in the City of St. Marks.
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?
	Refund of funds.



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	City of St. Marks	•				
Requ	uestor Contact	Information				
a. F	First Name	Zoe	Last Name Mansfield			
b. (	Organization	City of St. Marks				
c. E	E-mail Address	cityofst.marks@comcast.net				
d. F	Phone Number	(850)925-6224	Ext.			
Reci	ipient Contact	Information				
a. C	Organization	City of St. Marks				
b. M	lunicipality and	County Wakulla				
c. O	rganization Typ	pe				
	For-profit E	ntity				
	Non-Profit 5	501(c) (3)				
	Non-Profit 5	501(c) (4)				
•	Local Entity	,				
	University of	or College				
	Other (plea	se specify)				
d. F	irst Name	Zoe	Last Name Mansfield			
e. E	e. E-mail Address cityofst.marks@comcast.net					
	hone Number					
Lobi	byist Contact I	nformation				
a. N	lame	None				
b. F	irm Name	None				