



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3551

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

The City requests funds to replace lost revenue across major funds. Hurricane Ian caused over \$50 million in property loss, resulting in a 34% reduction in taxable property values. Condo properties alone experienced a 75% loss in taxable property values. To mitigate the decline in property values, the City Council increased the ad valorem operating millage rate from 1.9750 mils in FY23, to 2.5000 mils for FY24. Local funding is based on the FY24 approved budget for the City.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	4,920,000
Fixed Capital Outlay	5,000,000
Total State Funds Requested	9,920,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	9,920,000	1%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	821,304,170	99%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	831,224,170	100%

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**
- a. **If yes, indicate nonrecurring amount per year.**

b. Describe the source of funding that can be used in lieu of state funding.

The City will evaluate the need for reoccurring funds prior to the 2025 Legislative Session. Any amount requested will be contingent upon the Taxable Property Values for Sanibel as determined by the Lee County Property Appraiser in 2025.

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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If yes, indicate the amount of funds received and what the funds were used for.

CARES Act funding - \$440,081. Funds were used for COVID testing for City employees, purchase of personal protective equipment, work space protective barriers, legal services and payroll related to managing the pandemic.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

July 1 2024

d. What is the estimated completion date of construction?

Jan 1 2025

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

City of Sanibel

13. 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: Other		
Salary and Benefits	This includes: Full-time and part-time salaries, overtime, and benefits for all City employees including administrative and operational classified employees for FY25 budget. Estimated amount.	2,000,000
Expense/Equipment/Travel/Supplies/Other	This includes: Communications, transportation, travel/training/education, utilities, rentals/leases, repair/maintenance, operating supplies, road materials, etc. All operational areas for FY25 budget. Estimated amount.	2,000,000
Consultants/Contracted Services/Study	This includes: Professional and contracted services for FY25 budget. Estimated amount.	920,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	This includes: Projects targeted for the FY25 Capital Improvement Program projects that have been deferred due to Hurricane Ian. Estimated amount.	5,000,000
Total State Funds Requested (must equal total from question #6)		9,920,000

14. Program Performance

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



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Funds will be used for the general operation of the City of Sanibel and to fund capital projects placed on hold due to Hurricane Ian (2022), which caused over \$50 million in property loss, resulting in a 34% reduction in taxable property values.

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

Funding will be applied to areas of the City's budget as shown on page 3 of this request form.

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

Services provided to residents across all funds including services provided by the Police, Public Works, Finance, Information Technology, Natural Resources, Recreation, City Clerk, City Attorney and City Manager Departments.

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

All full-time and part-time residents (30,000+) individuals, and visitors (100,000+).

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

Sanibel's sustained recovery from Hurricane Ian by ensuring the continuity of local government operations.

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 the contract?

Failure to adequately fulfill deliverables or performance measures as contractually required may lead to reduction in funding or contract termination.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

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

d. First Name **Last Name**



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e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number