

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1861

| 1(| Yes | ,gg p. 0,00 | | | | | | |
|-------------|--|---|--------------------|--------------------------|-----------|-------------|------------------------|--|
| ٠. | Lac the entity rea | uestina this projec | t received an | y fede | ral assi | stance rela | ated to the COVID- | 19 pandemic? |
| | | | | | | | | |
| | a. If yes, indicate nb. Describe the so | _ | | in lie | u of sta | te funding | • | |
| 9. | Is future funding lil | | | | No | | |] |
| • | | | | | | 1000/ | 140 | J |
| | (уууу-уу) 2022-23 | Recurring 0 | Nonrecurrir 300 | ng ,000 | Approp | 1665A | No | |
| Fiscal Year | | Amount | | Specific Appropriation # | | | Vetoed | |
| 8. | Has this project pro | eviously received : | state funding? | | Yes | | | |
| | Total Project Costs | s for Fiscal Year 20 | 23-2024 | | | 3,300,000 | 100% | 1 |
| | Other | | | | | 0 | 0% | † |
| | State (excluding the Local | tate (excluding the amount of this request) | | | | 3,000,000 | <u>0%</u> 91% | 1 |
| | Federal | | | | | 0 | 0% | 1 |
| | Matching Funds | | | | | , | 370 | |
| | Type of Funding Total State Funds R | Leguested (from aue | stion #6) | | Amou | 300,000 | Percentage 9% | |
| 7. | • | otal Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project) | | | | | | ect) |
| | Total State Funds | Requested | | | | | 300,000 | |
| | Fixed Capital Outlay | | | | | | 300,000 | 1 |
| | Operations | | | | 0 | | | |
| - | Type of Funding | | | | | Amo | ount |] |
| | Amount of the Non | | for Fiscal Yea | r 2023 | R-2024 | | | |
| | State Agency to re- State Agency conta | • | nus Depa | arumer | IL OI EIN | /ironmental | Protection | |
| _ | outfalls into East Ba | y. This project shou | ld also decreas | se the | duration | of any floo | ding on the east sid | runoff north to existing de of the road. |
| | Bay Blyd needed to | the upgraded to inc | rease the capa | city fo | r the sto | ormwater ou | ıtfalls. Increasing th | ulverts crossing East e capacity of the |
| 4. | Project/Program De | escription | | | | | | |
| 3. | Date of Request | 02/21/2023 | | | | | | |
| 2. | Senate Sponsor | Doug Broxson | | | | | | |
| 1. | Project Title | Santa Rosa Cou | nty East Bay P | hase I | I Draina | age Improve | ements | |
| | | | | | | | | |



11. Status of Construction

Dlanning

13

a. What is the current phase of the project?

(A) Docion

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0

0

300,000

300,000

FY21 ARPA \$17,900,320 Planned expenditures stormwater, wastewater. FY21 EMPG-ARPA \$13,926 PPE Emergency Management FY20 CARES \$31,161,197 - Sheriff & EM Personnel, Education Distance Learning, Small Business and Utility assistance.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

Construction

| b. Is the project "shovel ready" (i.e permitted)? | No | |
|--|--|----------------------|
| c. What is the estimated start date of construction? | 6/1/2023 | |
| d. What is the estimated completion date of construction | 1/1/2024 | |
| 12. List the owners of the facility to receive, directly or indi relationship between the owners of the facility and the | rectly, any fixed capital outlay entity. | funding. Include the |
| Santa Rosa County | | |
| 12. Details on how the requested state funds will be expend | | |
| Spending Category | Description | Amount |
| · | | Amount |
| Spending Category | | Amount 0 |
| Spending Category Administrative Costs: Executive Director/Project Head | | |
| Administrative Costs: Executive Director/Project Head Salary and Benefits | | 0 |

14. Program Performance

Planning Engineering

Services/Study

Other

Salary and Benefits

Consultants/Contracted Services/Study

Operational Costs: Other

Construction/Renovation/Land/

Expense/Equipment/Travel/Supplies/

Fixed Capital Construction/Major Renovation:

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

Total State Funds Requested (must equal total from question #6)

Increasing the capacity of the culverts along East Bay Blvd. will prevent runoff from flooding the road during a large storm event and prevent the road from washing out.

Contracting services for installation of drainage improvements

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

Construction services will be procured for infrastructure improvements to East Bay Blvd drainage.



17. Lobbyist Contact Information

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| c. What direct se | ject? | | | | | | |
|--|---|---|--|--|--|--|--|
| Decrease duration | Decrease duration of flooding over and along the roadside | | | | | | |
| d. Who is the tar | Who is the target population served by this project? How many individuals are expected to be served? | | | | | | |
| Over 35,000 resi | provements. | | | | | | |
| e. What is the ex be measured? | pected benefit or ou | utcome of this pr | oject? What is the metl | hodology by which this outcome will | | | |
| storm event and prevent runoff from | prevent the road from m flooding the road d | ı washing out. Incı luring a large storı | easing the capacity of th n event and prevent the | om flooding the road during a large ne culverts along East Bay Blvd. will road from washing out. Preventing storn from reaching surface waters. | | | |
| | | | ing agency may consid ures provided for the c | ler in addition to its standard penaltion ontract? | | | |
| Withhold awards from the Contractor for a specific time frame pending on the extents of performance stand not met. | | | | | | | |
| 15. Requester Contac | t Information | | | | | | |
| a. First Name | DeVann | Last Nam | e Cook | | | | |
| b. Organization | Santa Rosa County Board of County Commissioners | | | | | | |
| c. E-mail Address | devannc@santarosa.fl.gov | | | | | | |
| d. Phone Number | (850)983-1877 | Ex | t | | | | |
| 16. Recipient Contact | Recipient Contact Information | | | | | | |
| a. Organization Santa Rosa County | | | | | | | |
| b. Municipality an | d County Santa R | osa | | | | | |
| c. Organization Ty | /pe | | | | | | |
| □For Profit Entity | | | | | | | |
| □Non Profit 501(| □Non Profit 501(c)(3) □Non Profit 501(c)(4) □Local Entity □University or College ☑Other (please specify) Local Government | | | | | | |
| □Non Profit 501(| | | | | | | |
| □Local Entity | | | | | | | |
| □University or C | | | | | | | |
| ☑Other (please s | | | | | | | |
| d. First Name | Sabrina | Last Nam | e White | | | | |
| e. E-mail Address | e. E-mail Address sabrinaw@santarosa.fl.gov . Phone Number (850)983-1853 | | | | | | |
| f. Phone Number | | | | | | | |



1/1/2024

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| a. Naı | Jon E. Johnson | | | | | |
|----------|--|--|--|--|--|--|
| b. Fir | Johnson & Blanton | | | | | |
| c. E-n | c. E-mail Address cheryl@johnsonblanton.com | | | | | |
| d. Ph | d. Phone Number (850)224-1900 | | | | | |
| | - | e the questions below for Water Projects only. | | | | |
| □ W | □ Waste Water Revolving Loan | | | | | |
| □ D | ☐ Drinking Water Revolving Loan | | | | | |
| □S | ☐ Small Community Wastewater Treatment Grant | | | | | |
| 0 | ☐ Other (please specify) | | | | | |
| ⊠N | ☑ N/A | | | | | |
| 19. What | is the popula | tion economic status? | | | | |
| □F | ☐ Financially Disadvantaged Community (ch. 62-552, F.A.C) | | | | | |
| □F | ☐ Financially Disadvantaged Municipality (ch. 62-552, F.A.C) | | | | | |
| □R | □ Rural Area of Economic Concern | | | | | |
| □R | ☐ Rural Area of Opportunity (s. 288.0656, Florida Statutes) | | | | | |
| ⊠N | ☑ N/A | | | | | |
| 20. What | is the status | of construction? | | | | |
| Rea | Ready to begin in six months | | | | | |
| 21. What | 1. What percentage of the construction has been completed? | | | | | |
| Non | None | | | | | |
| 22. What | is the estima | ted completion date of construction? | | | | |