

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

LFIR # 1275

| 1. Project Title   | Indian Harbour Beach Gleason Park Lake Bank Stabilization |                    |  |  |  |  |
|--|---|--------------------|--|--|--|--|
| 2. Senate Sponsor  | Debbie Mayfield   |                    |  |  |  |  |
| 3. Date of Request   | 02/03/2023  |                    |  |  |  |  |
| 4. Project/Program De  | escription  |                    |  |  |  |  |
| Improve the water of lake which is a part of an engineered geotu | of the City's stormw                                      | ater system by ab  | lecreasing nitrogen an ating the continuing en | d phosphate runoff<br>osion of the lake ba | into the Gleason Park<br>ink via the installation of |  |
| 5. State Agency to red   | ceive requested fu  | nds Departn        | nent of Environmental                          | Protection                                 |  |  |
| State Agency conta   | cted? No  |                    |  |  |  |  |
| 6. Amount of the Nonr  | ecurring Request  | for Fiscal Year 20 | 023-2024                                       |  |  |  |
| Type of Funding  |   |                    | Amo  | unt  |  |  |
| Operations   |   |                    |  | 0  |  |  |
| Fixed Capital Outlay   |   |                    |  | 175,000                                    |  |  |
| <b>Total State Funds F</b>                                       | Requested   |                    |  | 175,000                                    |  |  |
| 7. Total Project Cost f  | or Fiscal Year 202  | 3-2024 (including  | matching funds ava                             | ilable for this proje                      | ect)   |  |
| Type of Funding  |   |                    | Amount   | Percentage                                 |  |  |
| Total State Funds Requested (from question #6) 175,000 78%       |   |                    |  |  |  |  |
| Matching Funds   |   |                    |  |  |  |  |
| Federal  |   |                    |  | 0%   |  |  |
| State (excluding the amount of this request)                     |   |                    | 0  | 0%   |  |  |
| Local  |   |                    | 50,000   | 22%  |  |  |
| Other  |   |                    | 0  | 0%   |  |  |
| <b>Total Project Costs</b>                                       | for Fiscal Year 20  | 023-2024           | 225,000  | 100%                                       |  |  |
| 8. Has this project pre  | eviously received   | state funding?     | No   |  |  |  |
| Fiscal Year  | Amo   | ount               | Specific                                       | Vetoed                                     |  |  |
| (уууу-уу)  | Recurring   | Nonrecurring       | Appropriation #                                |  |  |  |
|  |   |                    |  |  |  |  |
|  |   |                    |  |  |  |  |
| 9. Is future funding lik   | cely to be requeste                                       | ed?                | No   |  |  |  |
| a. If yes, indicate n  | onrecurring amou  | nt per year.       |  |  |  |  |
| h Describe the sou   | irce of funding the                                       | at can be used in  | lieu of state funding.                         |  |  |  |
| 5. 5000 H50 till 000   |   |                    | nou or otato randing.                          |  |  |  |
|  |   |                    |  |  |  |  |
| 10. Has the entity requ  | uesting this projec                                       | ct received any fe | deral assistance rela                          | ted to the COVID-                          | 19 pandemic?   |  |
| Yes  | - · ·   | -                  |  |  |  |  |
|  |   |                    |  |  |  |  |
| If yes, indicate the   | amount of funds   | received and wha   | it the funds were use                          | d for.                                     |  |  |



11. Status of Construction

a. What is the current phase of the project?

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0

0

0

175,000

175,000

\$4,285,786. Expansion of Algonquin Sports Complex, Renovations of the former police department, installation of a restroom at Gleason Park, procurement of an Enterprise Resource Planning System, and other smaller projects.

### Complete questions 11 and 12 for Fixed Capital Outlay Projects

|     |  | ODesign                              | Construction  |                              |                     |          |
|-----|--|--------------------------------------|---|------------------------------|---------------------|----------|
|     | b. Is the project                        | t "shovel ready                      | " (i.e permitted)?  | No                           |                     |          |
|     | c. What is the e                         | stimated start                       | date of construction?   | 01/01/2024                   |                     |          |
|     | d. What is the e                         | stimated comp                        | letion date of construction?                                    | 09/30/2024                   |                     |          |
| 12  | 2. List the owner relationship be        | rs of the facility<br>etween the owr | to receive, directly or indirecters of the facility and the ent | tly, any fixed capital dity. | outlay funding. Inc | lude the |
|     | City of Indian I                         | Harbour Beach                        |   |                              |                     |          |
| 13. | . Details on how                         | the requested                        | state funds will be expended                                    |                              |                     |          |
|     | Spending Cate                            | gory                                 |   | Description                  |                     | Amount   |
|     | Administrative                           | Costs:                               |   |                              |                     |          |
|     | Executive Director<br>Salary and Benefit |                                      |   |                              |                     |          |
|     | Other Salary and I                       | Benefits                             |   |                              |                     |          |

### 14. Program Performance

Planning Engineering

Expense/Equipment/Travel/Supplies/

Expense/Equipment/Travel/Supplies/

Fixed Capital Construction/Major Renovation:

Consultants/Contracted

Consultants/Contracted Services/Study

**Operational Costs: Other** 

Construction/Renovation/Land/

Services/Study

Salary and Benefits

Other

Other

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

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

lake bank restoration

Improved water quality of the Indian River Lagoon by reducing nutrient loading indirectly benefits all citizens and visitors to the City and Brevard County.

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

The stabilization of the lake bank will abate the on-going lost of parkland used by residents and guests of the City.



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| Improved water q                        | uality of the Indian River La  | agoon.          |                  |                 |                                      |  |  |
|---|--|-----------------|------------------|-----------------|--------------------------------------|--|--|
| d. Who is the targ                      | et population served by  | this project?   | How many ir      | ndividuals ar   | e expected to be served?             |  |  |
| The 8,900 citizens                      | 900 citizens of the City and visitors to the Park (for specific events hosted by the City) will benefit from a safer ment along the lake and from a healthier Indian River Lagoon. |                 |                  |                 |                                      |  |  |
|   |  |                 |                  | the methodo     | ology by which this outcome will     |  |  |
| Stabilization of the lake where childre |  | rip hazards cu  | urrently preser  | nt from the on  | -going erosion of the land along th  |  |  |
| Decreased reporte                       | ed liability claims against th   | e city and rep  | oorted trips and | d falls by park | cusers.                              |  |  |
|   | •  |                 |                  |                 | n addition to its standard penaltion |  |  |
|   | deliverables or performation   |                 |                  |                 | dClf                                 |  |  |
| Retain a portion o                      | of the grant award if the pro  | ject is not coi | mpleted by the   | deadline.       |                                      |  |  |
| 5. Requester Contac                     | t Information  | 7               |                  |                 |                                      |  |  |
| a. First Name                           | John   | Last Name       | Coffey           |                 |                                      |  |  |
| b. Organization                         | City of Indian Harbor Bea  |                 |                  |                 |                                      |  |  |
| c. E-mail Address                       | jcoffey@indianharbour.or   | <u>g</u>        |                  |                 |                                      |  |  |
| d. Phone Number                         | (321)773-3181  | Ext.            |                  |                 |                                      |  |  |
| 6. Recipient Contact                    | Information  |                 |                  |                 |                                      |  |  |
| a. Organization                         | City of Indian Harbour Be  | ach             |                  | ٦               |                                      |  |  |
| b. Municipality and                     | d County Brevard   |                 |                  |                 |                                      |  |  |
| c. Organization Ty                      | pe   |                 |                  |                 |                                      |  |  |
| □For Profit Entity                      |  |                 |                  |                 |                                      |  |  |
| □Non Profit 501(d                       | c)(3)  |                 |                  |                 |                                      |  |  |
| □Non Profit 501(d                       | c)(4)  |                 |                  |                 |                                      |  |  |
| ☑Local Entity                           |  |                 |                  |                 |                                      |  |  |
| □University or Co                       | ollege   |                 |                  |                 |                                      |  |  |
| □Other (please sp                       | pecify)  |                 |                  |                 |                                      |  |  |
| d. First Name                           | John   | Last Name       | Coffey           |                 |                                      |  |  |
| e. E-mail Address                       | jcoffey@indianharbour.or   | g               |                  |                 |                                      |  |  |
| f. Phone Number                         | (321)773-3181  |                 |                  |                 |                                      |  |  |



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| a. Name  | Mike Haridopolos  |  |  |  |  |  |
|--|---|--|--|--|--|--|
| b. Firm Name   | b. Firm Name Mike Haridopolos                               |  |  |  |  |  |
| c. E-mail Address  | c. E-mail Address mike@mhflorida.com                        |  |  |  |  |  |
| d. Phone Number  | (321)525-1861   |  |  |  |  |  |
| Please complete  | e the questions below for Water Projects only.              |  |  |  |  |  |
| i icase complete   | the questions below for water i rojects only.               |  |  |  |  |  |
| 18. Have you applied f                                       | or alternative state funding?                               |  |  |  |  |  |
| □ Waste Water Ro   | □ Waste Water Revolving Loan                                |  |  |  |  |  |
| □ Drinking Water   | □ Drinking Water Revolving Loan                             |  |  |  |  |  |
| ☐ Small Commun   | ☐ Small Community Wastewater Treatment Grant                |  |  |  |  |  |
| ☐ Other (please s  | ☐ Other (please specify)                                    |  |  |  |  |  |
| ☑ N/A  | ☑ N/A   |  |  |  |  |  |
| 19. What is the popula                                       | tion economic status?                                       |  |  |  |  |  |
| ☐ Financially Disa   | dvantaged Community (ch. 62-552, F.A.C)                     |  |  |  |  |  |
| ☐ Financially Disadvantaged Municipality (ch. 62-552, F.A.C) |   |  |  |  |  |  |
| ☐ Rural Area of E  | □ Rural Area of Economic Concern                            |  |  |  |  |  |
| ☐ Rural Area of O  | ☐ Rural Area of Opportunity (s. 288.0656, Florida Statutes) |  |  |  |  |  |
| ☑ N/A  | ☑ N/A   |  |  |  |  |  |
| 20. What is the status                                       | of construction?  |  |  |  |  |  |
| planning   |   |  |  |  |  |  |
| 21. What percentage o  | f the construction has been completed?                      |  |  |  |  |  |
| 0<br>0%  |   |  |  |  |  |  |
|  | ted completion date of construction?                        |  |  |  |  |  |
| 09/30/2024   |   |  |  |  |  |  |