



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2529

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

**4. Project/Program Description**

The Withlocoochee Trail is a 46 mile long paved, multi-use non-motorized trail in Citrus, Hernando and Pasco counties. It is the longest paved trail in the State of Florida. The City of Inverness is a Gateway Community to the trail but the access point remains unimproved.

This project will add paved parking and trail, a paved point of access, plus picnic and restroom facilities. This new facility will increase recreational opportunities and transportation options for residents and visitors. Additional users will increase economic activity in the City and surrounding areas.

U.S. Hwy 41 widening is underway and shifting the road westward will impact access to the trail system (see Whispering Pines Park Trails). The Trailhead project will provide a comfortable and convenient location for users to access the trail from the City of Inverness Gateway Community.

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                         | 0                |
| Fixed Capital Outlay               | 2,250,000        |
| <b>Total State Funds Requested</b> | <b>2,250,000</b> |

**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)       | 2,250,000        | 79%         |
| <b>Matching Funds</b>                                |                  |             |
| Federal  | 0                | 0%          |
| State (excluding the amount of this request)         | 0                | 0%          |
| Local  | 600,000          | 21%         |
| Other  | 0                | 0%          |
| <b>Total Project Costs for Fiscal Year 2024-2025</b> | <b>2,850,000</b> | <b>100%</b> |

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

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>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.**



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

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

ARPA funding Agreement signed 9.7.21 for \$3,729,228 of which \$2,347,708 was allocated to septic tank to central sewer conversion to protect water quality in the Tsala-Apopka chain of lake and springs in Crystal River and Homosassa. The balance of ARPA will also be directed to the septic to sewer conversion program.

## 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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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.

The City of Inverness will own, operate and maintain the trail access facility as a city park. There are no outside owners, operators, vendors or leaseholders.

13. Details on how the requested state funds will be expended

| Spending Category                                   | Description  | Amount    |
|---|--|-----------|
| <b>Administrative Costs:</b>                        |  |           |
| Executive Director/Project Head Salary and Benefits | City Manager, Engineer and other staff will not be compensated by state funding for this project.  | 0         |
| Other Salary and Benefits                           |  | 0         |
| Expense/Equipment/Travel/Supplies/Other             |  | 0         |
| Consultants/Contracted Services/Study               | The City will issue a request for qualification for design, permitting and construction management/supervision. This fee is estimated at 18% of the \$1,763,425.00 capital construction and contingency cost of the new trail head access park | 316,406   |
| <b>Operational Costs: Other</b>                     |  |           |
| Salary and Benefits                                 |  | 0         |
| Expense/Equipment/Travel/Supplies/Other             |  | 0         |
| Consultants/Contracted Services/Study               |  | 0         |
| <b>Fixed Capital Construction/Major Renovation:</b> |  |           |
| Construction/Renovation/Land/Planning Engineering   | construction cost for the new trail head access park   | 1,933,594 |



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|  |                  |
|--|------------------|
| <b>Total State Funds Requested (must equal total from question #6)</b> | <b>2,250,000</b> |
|--|------------------|

**14. Program Performance**

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

Economic development for the City and surrounding areas with increase use of the Withlacoochee State Trail system by hikers, bikers, bird watchers and others. The residents and visitors will use hotels/motels, restaurants, restaurants, and retail shops stores.  
Physical fitness and activity levels will increase with positive health care outcomes. The trail will also offer another mode of transportation along the 46 + mile trail.

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

Paved parking, restrooms, pavillion and picnic facilities with paved access to the Withlacoochee Trail. This facility will also provide a point of access to the trail for handicapped and those with restricted mobility.

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

Enhanced opportunity for recreation and transportations for residents, visitors, handicapped and mobility restricted person.

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

Hikers, bicycle riders, bird watchers, those in need of alternative mode of transportation and routes. Residents and visitors will benefit from enhanced paved point of access to the Withlacoochee State Trail. Handicapped, special needs and mobility restricted persons will be able to access the trail from this new recreational facility.

The number of individuals to be served will vary by season. The Trailhead is expected to serve 30-50 users per day in the peak winter season.

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

Increased recreational opportunities for residents, visitors, handicapped, special needs, and mobility restricted person. This will improved health outcomes for all users. The City will compare yearly business tax receipts to determine the net economic impact of the new trail head facility.

**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?**

Standard contract language for liquidated damages if specific dates for substantial and final completion are not met.

**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**



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- 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**

**e. E-mail Address**

**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**