

LFIR # 3095

| 1. Project Title | Homosassa Rive | r Restoration F | Project | | | |
|---|-----------------------|-------------------|------------------------|---------|-----------------------|---|
| 2. Senate Sponsor | Blaise Ingoglia | | | | | |
| 3. Date of Request | 03/14/2023 | | | | | |
| 4. Project/Program De | escription | | | | | |
| Project goal is to re algae and decaying clarity, oxygen levels | benthic detrital mate | erial and re-plai | ntina Submeraed A | auatic | Vegetation. This pr | removing filamentous oject will increase water |
| 5. State Agency to red | ceive requested fu | nds Depa | ertment of Environm | nental | Protection | |
| State Agency conta | acted? No | | | | | |
| 6. Amount of the Non | recurring Request | for Fiscal Yea | r 2023-2024 | | | |
| Type of Funding | <u> </u> | | | Amo | unt | |
| Operations | | | | | 4,000,000 | |
| Fixed Capital Outlay | , , | | | | 0 | |
| Total State Funds I | | | | | 4,000,000 | |
| 7. Total Project Cost f | or Fiscal Year 2023 | 3-2024 (includ | ng matching fund | Is avai | ilable for this proje | ect) |
| Type of Funding | | | Amount | | Percentage | |
| Total State Funds R | equested (from que | stion #6) | 4,000 | 0,000 | 100% | |
| Matching Funds | | | | | | |
| Federal | | | | 0 | 0% | |
| State (excluding the | amount of this requ | est) | | 0 | 0% | |
| Local | | | | 0 | 0% | |
| Other | | | | 0 | 0% | |
| Total Project Costs | s for Fiscal Year 20 | 23-2024 | 4,000 | 0,000 | 100% | |
| 8. Has this project pro | eviously received s | state funding? | Yes | | | |
| Fiscal Year | Amount | | Specific Appropriation | | Vetoed | |
| (уууу-уу) | Recurring | Nonrecurrin | g | | | |
| 2021-22 | 0 | 4,000 | 000 1 | 592A | No | |
| 9. Is future funding lil | kely to be requeste | d? | Yes | | | |
| a. If yes, indicate n | onrecurring amou | nt per year. | 4,000,000 | | | |
| b. Describe the sou | urce of funding tha | t can be used | in lieu of state fur | nding. | | |
| N/A | | | | | | |
| 10. Has the entity req | uesting this projec | t received any | r federal assistand | ce rela | ted to the COVID-1 | 9 pandemic? |
| No | | | | | | |
| If yes, indicate the | amount of funds r | eceived and w | hat the funds we | re use | d for. | |
| | | | | | | |



11. Status of Construction

a. What is the current phase of the project?

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

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4,000,000

Complete questions 11 and 12 for Fixed Capital Outlay Projects

| | Construction | | | |
|---|------------------------------|-------------|-------------------|------------|
| b. Is the project "shovel ready" | (i.e permitted)? | | | |
| c. What is the estimated start d | ate of construction? | | | |
| d. What is the estimated comple | etion date of construction? | | | |
| 12. List the owners of the facility relationship between the owner. | | | outlay funding. I | nclude the |
| | | | | |
| | | | | |
| • | state funds will be expended | D | | A |
| Spending Category | state funds will be expended | Description | | Amount |
| Administrative Costs: | state funds will be expended | Description | | Amount |
| Spending Category | state funds will be expended | Description | | Amount |
| Spending Category Administrative Costs: Executive Director/Project Head | state funds will be expended | Description | | Amount |
| Spending Category Administrative Costs: Executive Director/Project Head Salary and Benefits | | Description | | Amount |

Expense/Equipment/Travel/Supplies/ Other Consultants/Contracted Services/Study HRRP will continue to utilize the same contractor providing vacuum removal services, planting SAV, cages, monitoring, and maintenance. This also includes any land lease costs, mobilization and demobilization performed by same contractor. Additionally, we will continue to utilize an independent biologist to perform an evaluation of the whether or not the vacuum removal services meet standards for plant install and survival Fixed Capital Construction/Major Renovation: Construction/Renovation/Land/ Planning Engineering O HRRP will continue to utilize the same contractor providing vacuum 3,900,000 3,900,000 This also includes any land lease costs, mobilization and demobilization and demobilization performed by same contractor. Additionally, we will continue to utilize an independent biologist to perform an evaluation of the whether or not the vacuum removal services meet standards for plant install and survival

stakeholders, and schools.

included oversight of the project as it relates to the DEP contract requirements. Public Information included, but is not limited, to supplying and directing information about the project to the media, local government officials, other state agencies, citizens, other

14. Program Performance

Operational Costs: Other

Salary and Benefits

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

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



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Homosassa River is a first magnitude spring and designated as an Outstanding Florida Waterway which has been identified as a priority waterbody by SWIM. It has been listed as impaired for nutrients and filamentous algae by FDEP and USEPA. The goal is to restore water quality by vacuum removal of filamentous algae (Lyngbya) and benthic detrital matter and planting of submerged aquatic vegetation.

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

The vacuum removal services, planting SAV, cages, monitoring, and maintenance will be provided by the same contractor that started our project. This also includes any land lease costs, mobilization and demobilization performed by the same contractor. Additional services are provided by an independent biologist to confirm standards met by contractor as well as perform project evaluation study to compare pre versus post restoration.

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

The tourism industry is one of the largest economic drivers in the region. The loss of Water Quality (clarity) associated with current conditions and degrading habitat conditions could potentially cause a collapse of this economy. Improvements proposed by this project will help to improve and maintain condition's for which residents, local, regional, national, international tourists come to expect

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

Citrus County, specifically Homosassa, will be the main benefactor of the positive economic impact of the local tourism, fishing and boating industry. The project is expected to create some local short term jobs and advantages for the local economy as workers will require work supplies, lodging, food, entertainment, etc. However, the impact will also be state wide as the area is visited by state, national, and international tourists who plan a multitude of tourism activities while visiting Citrus County.

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

The expected outcome is overall improvement in the water quality leading to thriving aquatic flora and fauna communities, including the West Indian manatees in the Homosassa River. The methodology being utilized by the independent biologist to measure successful outcome in the post restoration versus pre restoration ares are through core sampling (pre and post de-mucking), macroinvertebrate sampling, fish sampling, SAV surveys and field water chemistry

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?

| The funds would b | be returned to the agency | | | |
|-----------------------|---|---------------|--------|--|
| 45.5 | | | | |
| 15. Requester Contact | Information | | | |
| a. First Name | Steve | Last Name | Minguy | |
| b. Organization | Homosassa River Restoration Project Inc | | | |
| c. E-mail Address | sminguy@aol.com | | | |
| d. Phone Number | (407)832-1598 | Ext. | | |
| 16. Recipient Contact | Information | | | |
| a. Organization | Homosassa River Restora | ation Project | Inc | |
| b. Municipality and | d County Citrus | | | |
| c. Organization Ty | ре | | | |
| □For Profit Entity | | | | |

☑ Non Profit 501(c)(3)



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| | □Non Profit 501(c | 9)(4) | | | | |
|-------|--|-------------------------|---------------|--------|--|--|
| | □Local Entity | | | | | |
| | □University or Co | llege | | | | |
| | □Other (please sp | pecify) | | | | |
| (| d. First Name | Steve | Last Name | Minguy | | |
| • | e. E-mail Address | sminguy@aol.com | | | | |
| 1 | . Phone Number | (727)501-4853 | | | | |
| 17. I | _obbyist Contact I | nformation | | | | |
| á | a. Name | None | | | | |
| I | o. Firm Name | None | | | | |
| (| c. E-mail Address | | | | | |
| • | d. Phone Number | | | | | |
| | • | e the questions be | | | | |
| | ☐ Waste Water Re | evolving Loan | | | | |
| | □ Drinking Water Revolving Loan | | | | | |
| | □ Small Community Wastewater Treatment Grant | | | | | |
| | ☑ Other (please specify) Springs funding. | | | | | |
| | □ 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 Economic Concern | | | | | |
| | ☐ Rural Area of Opportunity (s. 288.0656, Florida Statutes) | | | | | |
| | □ N/A | | | | | |
| 20. \ | What is the status | of construction? | | | | |
| | Ready | | | | | |

21. What percentage of the construction has been completed?



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| | 40% | | | | |
|--|------|--|--|--|--|
| 22. What is the estimated completion date of construction? | | | | | |
| | 2028 | | | | |