

- 1. Title of Project: Milton Riverwalk Expansion
- 2. Senate Sponsor: Doug Broxson
- **3.** Date of Submission: <u>11/17/2017</u>
- 4. Project/Program Description:

Expand the Milton Riverwalk facilty south approximately 600 feet to the CSX Railroad tracks.

5. State Agency Contacted? Yes

- a. If yes, which state agency? <u>Department of Economic Opportunity</u>
- b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. Amount of Non-recurring Requested for fiscal year 2018-19:

| Amount Requested for Operations | Amount Requested for Fixed Capital Outlay | Total Amount of Requested State Funds |
|---------------------------------|--|--|
| | 1,000,000 | 1,000,000 |

7. Type, amount and percent of matching funds available for this project for fiscal year 2018-19:

| Туре | Amount | Percent |
|--|--------|---------|
| Federal | 0 | 0.0% |
| State (excluding the amount of this request) | 0 | 0.0% |
| Local | 0 | 0.0% |
| Other | 0 | 0.0% |
| TOTAL | 0 | 0.0 % |

8. Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds): 1,000,000

9. Previous Year Funding Details:

FY:

- a. Has funding been provided in a previous state budget for this activity? Yes
- b. In the previous 5 fiscal years, how many years was funding provided? (Optional) $\underline{2}$
- c. What is the most recent fiscal year the project was funded? 2017-18
- d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- e. Complete the following Worksheet.

| Input Prior FY Appropriation for this project |
|---|
| for FY 2017-18 |



| | (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.) | | |
|-----------------------|--|------------------------------------|---|
| Column: | Α | В | С |
| Funds Description: | Prior Year Recurring Funds * | Prior Year Nonrecurring Funds * | Total Funds Appropriated (Column A + Column B) |
| Input Amounts: | | 1,000,000 | 1,000,000 |

10. Is future-year funding likely to be requested?

<u>No</u>

11. Program Performance:

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

<u>The primary goal is to continue to attract visitors with improved access to the Blackwater River's pristine</u> waterways.

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

Expansion will include a 20 foot wide boardwalk with handrails and structural support columns.

c. How will the funds be expended?

| Spending Category | Description | Amount |
|---|-------------|--------|
| Administrative Costs | | |
| □Executive Director/Project Head Salary and Benefits | | |
| □Other Salary and Benefits | | |
| □Expense/Equipment/Travel/Supplies/Other | | |
| Consultants/Contracted Services/Study | | |
| Operational Costs | | |
| □Salary and Benefits | | |
| □Expense/Equipment/Travel/Supplies/Other | | |
| Consultants/Contracted Services/Study | | |



The Florida Senate Local Funding Initiative Request - Fiscal Year 2018-2019

| Fixed Capital Construction/Major Renovation | | |
|---|---|-----------|
| ☑Construction/Renovation/Land/Planning Engineering | Preliminary planning and land acquisition is complete. Construction is ready to begin within 4 months. | 1,000,000 |
| TOTAL | | 1,000,000 |

d. What are the direct services to be provided to citizens by the appropriations project?

Provide locals with a walking dock bordering the river to provide easy access to the city's cultural events.

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

The general public.

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

Stimluate tourist related economic activity and increased commerce in the city.

- 12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity. <u>City of Milton</u>

13. Requestor Contact Information:

- a. Name: Brian Watkins
- b. Organization: City of Milton
- c. Email: Brian.watkins@ci.milton.fl.us
- d. Phone Number: (850)983-5411

14. Recipient Contact Information:

- a. Organization: City of Milton
- b. County: Santa Rosa

c. Organization Type:

- O For Profit
- O Non Profit 501(c) (3)
- O Non Profit 501(c) (4)
- O Local Entity
- O University or College



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

- ⊙ Other (Please specify) <u>Municipality</u>
- d. Contact Name: Brian Watkins
- e. E-mail Address: Brian.watkins@ci.milton.fl.us
- f. Phone Number: (850)983-5411

15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Jennifer Green
- b. Firm: Liberty Partners of Tallahassee
- c. Email: Jennifer@libertypartnersfl.com
- d. Phone Number: (850)841-1726