



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 2629

1. **Title of Project:** Hurricane- Gulf County Beach Renourishment
2. **Senate Sponsor:** Bill Montford
3. **Date of Submission:** 03/15/2019
4. **Project/Program Description:**  
Beach renourishment due to Hurricane Michael damage.
5. **State Agency to receive requested funds :** Department of Environmental Protection  
State Agency Contacted? No
6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	15,000,000
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>15,000,000</b>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	15,000,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>15,000,000</b>	<b>100.0%</b>

8. **Has this project previously received state funding?** No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

9. **Is future-year funding likely to be requested?** No
10. **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		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		



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Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning	Beach renourishment	15,000,000
Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>15,000,000</b>

**11. Program Performance:**

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

Beach Renourishment

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

These dollars will be added to a project already planned prior to hurricane Michael to repair damage.

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

NA

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

Beach restoration is needed for tourist development which is our economic driver in Gulf County so the target population is our local citizens and tourist visiting our County.

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

Re-establishing our loss of beach and dunes.

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 in the contract?**

NA

**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.**

NA

**13. Requestor Contact Information:**

a. **Name:** Sandy Quinn

b. **Organization:** Gulf County Board of County Commissioners

c. **E-mail Address:** bocc@gulfcounty-fl.gov

d. **Phone Number:** (850)229-6106

**14. Recipient Contact Information:**



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**a. Organization:** Gulf County Board of County Commissioners

**b. County:** Gulf

**c. Organization Type:**

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Entity
- University or College
- Other (Please specify)

**d. Contact Name:** Michael L Hammond

**e. E-mail Address:** mhammond@gulfcounty-fl.gov

**f. Phone Number:** (850)229-6106

#### 15. Lobbyist Contact Information

**a. Name:** None

**b. Firm Name:** None

**c. E-mail Address:**

**d. Phone Number:**