



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2808

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The proposed funding request is to repave the roads that were severely damaged during and as a result of Hurricane Michael.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,000,000
<b>Total State Funds Requested</b>	<b>1,000,000</b>

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	1,000,000	50%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>2,000,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2019-20	0	1,000,000	1989A	No

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.

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.



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Federal assistance from the federal CARES Act funding of \$58,782 was received and used for COVID-19 equipment (PPE and supplies, temperature scanners, electrostatic foggers, disinfectants, and medical masks).

**11. 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<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	Repaving miscellaneous damaged road including engineering and construction.	1,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,000,000</b>

**12. Program Performance**

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

The funds requested will assist with funding of the improvements of the city's roads that were damaged during Hurricane Michael. Debris trucks have damaged the roads as well, which were substandard prior to the storm.

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

Engineering and construction.

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

The appropriation project will help with the funding of reconstructing damaged roads.

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

The entire City of Lynn Haven, which has a population of 21,000.

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

The expected benefit of the project is roads of Lynn Haven to be repaved. The way this benefit will be measured is by post-repair as-built surveys and quality of life.

**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?**

Loss of funding.

**13. 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.**



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Lynn Haven will receive directly and fixed capital outlay funding since they own the roads in the city.



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. Recipient Contact Information

a. Organization

b. Municipality and County

#### c. Organization Type

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

d. First Name  Last Name

e. E-mail Address

f. Phone Number

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number