



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2394

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This funding will provide grant assistance to Charlotte County homeowners impacted by Hurricane Ian and Nicole with necessary seawall repairs that were not covered by insurance or any other state or federal recovery program.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

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

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	1,000,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific 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.

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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CARES funding and ARP funding used in accordance to spending plans for community health, public safety response, facility improvements and funding to community-based organizations

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

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.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Matching grant program for impacted homeowners for seawall repairs not eligible under insurance or other state or federal program.	1,000,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,000,000

14. Program Performance

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

Assistance will be provided to storm-impacted residents with necessary seawall repairs to protect their property.

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

Matching grants issued to eligible homeowners.

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



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Matching grants issued to eligible homeowners.

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

Homesteaded, fixed income property owners who were impacted by Hurricane Ian or Nicole. Number served will be determined based upon funding availability but is estimated to be capped at \$150,000 per property.

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

Protection of properties damaged due to Hurricane Ian or Hurricane Nicole.

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?

Return of funding to state.

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

- ☐ For Profit Entity
☐ Non Profit 501(c)(3)
☐ Non Profit 501(c)(4)
☐ Local Entity
☐ University or College
☒ Other (please specify) Local Government

d. First Name Last Name
e. E-mail Address
f. Phone Number

17. Lobbyist Contact Information

a. Name
b. Firm Name



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c. E-mail Address

d. Phone Number