



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2522

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

This project requests funding and managerial assistance to complete the QL1 topographic mapping for the State of Florida. To date, through a joint project, the State of Florida and the US Geological Survey have mapped the Peninsula of Florida (2018), and through the USGS Hurricane Michael Supplemental Funding (2019) mapped a large portion of the panhandle of Florida to the QL1 national specification. This project seeks to map the remaining counties of Florida to that same specification. The resulting data will be used for resiliency planning, land use planning, flood mapping, and emergency management.

5. **State Agency to receive requested funds**

**State Agency contacted?**  Yes

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

Type of Funding	Amount
Operations	950,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>950,000</b>

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)	950,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>950,000</b>	<b>100%</b>

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

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**  No

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?**



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No

If yes, indicate the amount of funds received and what the funds were used for.

## 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
<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	All funds will be used for services contracted through the Florida Geological Survey (FDEP)	950,000
<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		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>950,000</b>

### 14. Program Performance

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

The funds will be used to complete the Florida Statewide Lidar Mapping as per the Florida Statewide Lidar Assessment (2017). Specifically, the State of Florida and the US Geological Survey have mapped the topography for the entire peninsula of Florida and the eastern portions of the panhandle. These funds will complete the project with the mapping of Holmes, Walton, Okaloosa, Santa Rosa and Escambia counties



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

The Florida Geological Survey (FDEP) will use the funds to solicit aerial mapping services from the private sector. The contracting of these services includes; aerial data collection, ground survey for rectification and accuracy assessment, data processing, and digital product generation. All products will be delivered to the State in achine-readable, standard formats for immediate consumption.

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

Once the project is completed and distributed, all citizens of the state will be able to obtain the data in electronic format at no additional cost to the individual. Citizens will be able to use the data to assess their individual flood risk, risk for standing water, and other water-related risks.

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

The target population includes all water managers, all emergency managers, all property managers, the Northwest Florida Water Management District, and the Florida Geological Survey. The number of individuals served by this project is estimated at 25 - 30% of the state.

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

The expected benefits include: increased resiliency in coastal communities, better flood risk management, and decreased response time during weather-related emergency events. These benefits can be directly measured and compared to historical evaluations.

**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?**

This project will be administered through the Florida Geological Survey (Department of Environmental Protection). All restrictions and penalties normally incorporated into aerial data collection will be incorporated

**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



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University or College

Other (please specify) State Agency

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**