



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 3223

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**4. Project/Program Description**

Since its inception in 1947, WCIND has never owned a facility to meet its operational needs. The District has operated out of rented space (including hotel rooms) or has purchased existing buildings designed for other purposes. Due to its age and spatial limitations, the current office facility is no longer adequate to meet the operational needs of the District. The current building used by WCIND was constructed in 1965 as a print shop. Any District Board meeting, regional training, and State required public meetings must be held in rented or borrowed space subject to availability. Elements of the new facility include: office space for current employees and future growth, meeting space for trainings and regional meetings, public meeting space for District Board meetings and regional trainings meetings. The building will be designed and outfitted with state-of-the-art technology to facilitate enhanced communications with the District's member Counties and regional partners.

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	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 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	15%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	5,619,433	85%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>6,619,433</b>	<b>100%</b>

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.**
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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.

## 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		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	Funds will be used to construct all facets of an operations center for WCIND. Elements of the new facility include: parking lot and entrance road, office space for current employees and future growth, meeting space for trainings and regional meetings, public meeting space for District Board meetings and regional trainings meetings. The building will be designed and outfitted with state-of-the-art technology to facilitate enhanced communications with the District's members regional partners.	1,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,000,000</b>



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#### 14. Program Performance

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

Construction of a new operations facility to allow the District to provide continue providing superior customer service to the citizens of the District. Securing State funding will allow the District and its member counties to continue to maximize funding from the annual budget for waterway projects and Hurricane Ian recovery.

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

The District and its member counties have expended or committed funds for purchase of the land, feasibility study, architecture, and permitting and design. This represents nearly 85% of the total project cost. Additionally, District staff will manage the construction of the facility.

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

Access given to the public for regular meetings, public hearings, and other functions open to the public.

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

Citizens of the District residing in Lee, Charlotte, Sarasota, and Manatee Counties. Approximately 1.8 million persons. Also- all those who utilize District waterways in those Counties.

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

The requested funds represent just under 10% of the District's annual budget. Securing State funding will allow the District and its member counties to continue to maximize funding from the annual budget for waterway projects to fulfill its mission. State funds will be recognized and the projects completed as a result of the availability of the funding will be recorded and detailed in the Strategic Plan update.

**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 all funds if building is not completed and return of any excess funds.

#### 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) Multi County Independent Special District

**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**