

**LFIR # 1386** 

1. Project Title	City of Tampa - Davis Islands S	Seaplane Basin Park				
2. Senate Sponsor	Jay Collins					
3. Date of Request	2/13/2025					
·						
4. Project/Program De	scription					
Park. This park is locarea for dogs, picnic	air significant damage caused by ated at the end of the historic Dav area, restrooms, canoe launch ar oration of walkway asphalt.	vis Islands neighborhood	and offers a small be	each area, off-leash		
5. State Agency to rec	eive requested funds Department	artment of Environmental	Protection			
State Agency conta	cted? Yes					
6. Amount of the Nonr	ecurring Request for Fiscal Yea	ar 2025-2026				
Type of Funding		Amo	unt			
Operating			0			
Fixed Capital Outlay			500,000			
<b>Total State Funds R</b>	Requested		500,000			
7. Total Project Cost fo	or Fiscal Year 2025-2026 (includ	ling matching funds ava	ilable for this proje	ect)		
Type of Funding		Amount	Percentage			
Total State Funds Re	equested (from question #6)	500,000	50%			
Matching Funds						
Federal		0	0%			
1	amount of this request)	0	0%			
Local		500,000	50%			
Other		0	0%			
Total Project Costs	for Fiscal Year 2025-2026	1,000,000	100%			
	viously received state funding?	P No				
Fiscal Year	Amount	Specific	Vetoed			
(уууу-уу)	Recurring Nonrecurring	Appropriation #				
9. Is future-year fundi	ng likely to be requested?	No				
-	ng likely to be requested? onrecurring amount per year.	No				
a. If yes, indicate no						
a. If yes, indicate no	onrecurring amount per year.					



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O Planning O Poolan O Construction O M			
○ Planning ○ Design ○ Construction ○ N/	/A		
o. Is the project "shovel ready" (i.e permitted)?	Yes		
c. What is the estimated start date of construction?	07/01/2025		
d. What is the estimated completion date of construction?			
. What funding stream will be used for ongoing operation	s and maintenance of the proj	ect?	
City of Tampa general fund			
List the owners of the facility to receive, directly or indire relationship between the owners of the facility and the en		inding. Include the	
Details on how the requested state funds will be expended Spending Category	Description	Amount	
Administrative Costs:	Description	Amount	
Executive Director/Project Head Salary and Benefits			
Other Salary and Benefits			
xpense/Equipment/Travel/Supplies/ Other			
Consultants/Contracted Services/Study			
Operational Costs			
Salary and Benefits			
Expense/Equipment/Travel/Supplies/ Other			
Consultants/Contracted Services/Study			
Fixed Capital Construction/Major Renovation:			
Fixed Capital Construction/Major Renovation:  Construction/Renovation/Land/ Planning Engineering  Seawall and asphault repair	r at park	500,00	



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Davis Islands has 5,474 residents, as well as businesses and other institutions that have employees and customers (including Tampa General Hospital).

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

This is a popular park that is beloved by residents of Davis Islands, and the benefit will be reopening this community asset in its pre-Milton condition.

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?

	for failing to meet deriverables of performance measures provided for in the contract?						
	Standard contractual penalties.						
4. I	s this project related to mitigation, response, or recovery from a natural disaster? Yes						
a.	If Yes, what phase best describes the project?						
	Mitigation (reducing or eliminating potential loss of life or property)						
	Response (addressing the immediate and short-term effects of a natural disaster)						
V	Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)						
b	Name of the natural disaster (or Executive Order # for events not under a federal declaration):						
	Hurricane Milton						
5. I	las the entity applied for or received federal assistance for this project?						
[	☐ Yes, Applied						
[	☐ Yes, Received						
6	☑ No						
[	□ No, but intends to apply						
a.	If yes, provide the FEMA project worksheet ID#:						
	N/A						
b	Provide the total project cost listed on the FEMA project worksheet:						
6. I	las the entity applied for or received state assistance for this project (other than this request)?						
[	☐ Yes, Applied						
[	☐ Yes, Received						
6	☑ No						
[	□ No, but intends to apply						
a. C	If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of ommerce):						



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17.	17. Requester Contact Information								
	a. First Name	lan		Last Name	Whitney				
	b. Organization	City of Tampa							
	c. E-mail Address	ian.whitney@tampa.gov							
	d. Phone Number	(813)274	-8016	Ext.					
18.	Recipient Contact								
	a. Organization	City of Ta	ampa						
b. Municipality and County Hillsborough									
	c. Organization Type								
	□For Profit Entity	rofit Entity							
	□Non Profit 501(c	501(c)(3)							
	□Non Profit 501(c	c)(4)							
	☑Local Entity								
	□University or Co	ersity or College							
	□Other (please specify)								
	d. First Name	Jane		Last Name	Castor				
	e. E-mail Address	jane.castor@tampa.gov							
	f. Phone Number	(813)274	-8251	Ext.					
19. Lobbyist Contact Information									
	a. Name	Angela M. Drzewiecki							
	b. Firm Name	GrayRobinson PA							
	c. E-mail Address	angela.drzewiecki@gray-robinson.com							
	d. Phone Number	(850)577-9090							

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.