



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1438

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The existing walkover to the beach is dilapidated and unsafe. The purpose of this project is to provide continued safe public access to the beach in this area for at least the next 25 years via replacement of the entire dune walkover, pilings and adjacent retaining wall.

5. State Agency to receive requested funds

State Agency contacted?  No

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	487,500
<b>Total State Funds Requested</b>	<b>487,500</b>

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	487,500	75%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	162,500	25%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>650,000</b>	<b>100%</b>

8. Has this project previously received state funding?  Yes

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	250,000	1732A	Yes

9. Is future-year 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.

## Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



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a. What is the current phase of the project?

- Planning    
  Design    
  Construction    
  N/A

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

09/01/2025

d. What is the estimated completion date of construction?

04/30/2026

e. What funding stream will be used for ongoing operations and maintenance of the project?

General Fund

11. 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.

City of Atlantic Beach

12. 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</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	Replace existing dune walkover, pilings and retaining wall.	487,500
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>487,500</b>

13. Program Performance

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

The goal of this project is to provide safe and convenient access to the beach via an existing easement for area residents and visitors.

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

Reconstruct a failing dune walkover with a modern code compliant access. The entire walkover will be replaced including all decking, pilings and adjacent retaining wall.

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

Direct services to be provided include provision of safe and convenient access to the beach in the 16th St area for both area residents and visitors.



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

The target population to be served by this project are area residents and visitors to the City that are accessing this section of public beach. Several thousand citizens live in the vicinity of this project and there are numerous public parking spaces for visitors within walking distance of the project.

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

Maintenance of public access to the beach at well utilized beach walkover. If the project is completed, continued public access to the beach at this location will be maintained. If the project is not completed, there will not longer be the ability for the public to access the beach at this location.

**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?**

Claw back funds dispersed if project not completed within a suitable time frame.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**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)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

**15. Has the entity applied for or received federal assistance for this project?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**

**b. Provide the total project cost listed on the FEMA project worksheet:**

**16. Has the entity applied for or received state assistance for this project (other than this request)?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply



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a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

**17. Requester Contact Information**

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

**18. 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)

d. First Name  Last Name

e. E-mail Address

f. Phone Number  Ext.

**19. Lobbyist Contact Information**

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

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