



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2484

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The goal of the project is to correctly rebuild the sea wall. A contractor will excavate the supports on the current wall and install tie backs to rebuild the wall. Ribbon curbs will be installed on both sides to stabilize the sea wall. Currently it is accessible, but it continues to wash out causing a safety hazards for boaters trying to launch their boats. Barricades have been placed for safety measures to guide vehicles into the water.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	690,717
Total State Funds Requested	690,717

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)	690,717	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 2025-2026	690,717	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future-year 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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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10. Status of Construction

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? 07/01/2025

d. What is the estimated completion date of construction? 06/30/2026

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

Local operational funds

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.

Franklin County Board of County Commissioners will be receiving the funding.

12. 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		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Construct a sea wall on the SGI boat ramp and repair the access road	690,717
Total State Funds Requested (must equal total from question #6)		690,717

13. Program Performance

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

The goal of the project is to correctly rebuild the sea wall. A contractor will excavate the supports on the current wall and install tie backs to rebuild the wall. Ribbon curbs will be installed on both sides to stabilize the sea wall. Currently it is accessible, but it continues to wash out causing a safety hazards for boaters trying to launch their boats. Barricades have been placed for safety measures to guide vehicles into the water.

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

Consult with the county engineer to design the boat ramp, procure a contractor and construct a sea wall on the SGI boat ramp and repair the access road



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

Access to a safely constructed sea wall, boat ramp and access road.

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

The entire population of Franklin County along with the numerous tourists that visit yearly.

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

A functional boat ramp that is safe for individuals to launch their vessels and mitigate any future repairs.

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?

The county has no suggested penalties for the contracting agency to consider.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No 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)
- 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):

DR4734 (Idalia) No funds recieved

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#:

PW00737 - a Determination Memo was received on the funds.

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

690,000

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):

FEMA PA Funds - PW 00737 was submitted but denied by FEMA

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.