

1. Project Title

2. Senate Sponsor

The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

Lunn Haven Paving Project Phase V

Jay Trumbull

LFIR # 2606

3.	Date of Request	2/13/2025						
4.	Project/Program De	escription						
	roads minimizing da	amage to vehicles ar	nd reduce hy	droplar	epair deteriorated roa iing due to standing v s and improve the sa	vater. Restriping of	the pedestrian	
5.	State Agency to re	ceive requested fu	nds De	epartme	ent of Transportation			
;	State Agency conta	acted? No						
6. /	Amount of the Non	recurring Request	for Fiscal Y	ear 202	25-2026			
	Type of Funding				Amo			
	Operating					0		
	Fixed Capital Outlay	У			1,000,000			
	Total State Funds	Requested			1,000,000			
7. ⁻]	•	for Fiscal Year 202	5-2026 (incl	uding r	natching funds avai		ect)	
7. [Type of Funding		,	uding r	Amount	Percentage	ect)	
	Type of Funding Total State Funds R		,	uding r			ect)	
	Type of Funding		,	uding r	Amount	Percentage	ect)	
	Type of Funding Total State Funds R Matching Funds	Requested (from que	estion #6)	uding r	Amount 1,000,000	Percentage 50%	ect)	
	Type of Funding Total State Funds R Matching Funds Federal	Requested (from que	estion #6)	uding r	Amount 1,000,000	Percentage 50%	ect)	
	Type of Funding Total State Funds R Matching Funds Federal State (excluding the	Requested (from que	estion #6)	uding r	Amount 1,000,000	Percentage 50% 0% 0%	ect)	
	Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local	Requested (from que e amount of this requ	estion #6) uest)	uding r	Amount 1,000,000 0 0 1,000,000	Percentage 50% 0% 0% 50%	ect)	
8.	Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	Requested (from que e amount of this requested for Fiscal Year 20 eviously received	estion #6) uest) 025-2026 state fundin		Amount 1,000,000 0 0 1,000,000 0	Percentage 50% 0% 0% 50% 50%	ect)	
8.	Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the	e amount of this requested (from quested (from quested (from quested en amount of this requested evicusly received en amost recent instar	estion #6) uest) 025-2026 state fundin		Amount 1,000,000 0 1,000,000 0 2,000,000 Yes	Percentage 50% 0% 0% 50% 50%	ect)	
8.	Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the	e amount of this requested for Fiscal Year 20 eviously received most recent instar	estion #6) uest) 225-2026 state fundin	g?	Amount 1,000,000 0 1,000,000 0 2,000,000 Yes	Percentage 50% 0% 0% 50% 50% 100%	ect)	

Complete questions 10 and 11 for Fixed Capital Outlay Projects

b. Describe the source of funding that can be used in lieu of state funding.

10. Status of Construction

City Surtax

9. Is future-year funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

Yes

1,000,000



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Planning			
	N/A		
b. Is the project "shovel ready" (i.e permitted)?	No		
c. What is the estimated start date of construction?	12/31/2025		
d. What is the estimated completion date of constructio	n? 12/31/2026		
e. What funding stream will be used for ongoing operati	ons and maintenance of the proje	ct?	
City operations and maintenance funding			
List the owners of the facility to receive, directly or indrelationship between the owners of the facility and the	lirectly, any fixed capital outlay fur entity.	nding. Include the	
The City of Lynn Haven			
Details on how the requested state funds will be expended as Spending Category	ded Description	Amount	
Administrative Costs:	Description	Aillouit	
Executive Director/Project Head Salary and Benefits		(
Other Salary and Benefits			
Expense/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:			
Construction/Renovation/Land/ Planning Engineering , construction and CEI services during construction		ion 1,000,000	
Total State Funds Requested (must equal total from question #6)			

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



Department of Transportation

The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

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The general public driving the roadways and pedestrians that travel along them. Typical roadways within the City will consist of and average of 1,500 to 3,000 vehicles per day.

b	e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome be measured?							
	Improvements to the roadways will reduce damages to vehicles and improve safety for pedestrians by restriping crosswalks and stop bars. f. What are the suggested penalties that the contracting agency may consider in addition to its standard penaltie for failing to meet deliverables or performance measures provided for in the contract?							
I	Loss of funding							
14. Is	this project related to mitigation, response, or recovery from a natural disaster? No							
a. l	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 infastructure)							
b.	Name of the natural disaster (or Executive Order # for events not under a federal declaration):							
15. H	as the entity applied for or received federal assistance for this project?							
	Yes, Applied							
	Yes, Received							
	No							
	No, but intends to apply							
a. l	If yes, provide the FEMA project worksheet ID#:							
b.	Provide the total project cost listed on the FEMA project worksheet:							
16. H	as 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							
	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	Vickie		Last Name	Gainer		
	b. Organization	City of Lynn Haven					
	c. E-mail Address	vgainer@cityoflynnhaven.com					
	d. Phone Number	(850)890-	-7712	Ext.			
18.	Recipient Contact	Information	on				
	a. Organization	City of Ly	nn Haven				
b. Municipality and County Bay							
	c. Organization Type						
	□For Profit Entity						
	□Non Profit 501(c	Profit 501(c)(3)					
	□Non Profit 501(c	Profit 501(c)(4)					
	☑Local Entity						
	□University or College						
	□Other (please specify)						
	d. First Name	Vickie		Last Name	Gainer		
	e. E-mail Address	vgainer@cityoflynnhaven.com					
	f. Phone Number	(850)890-	-7712	Ext.			
19.	19. Lobbyist Contact Information						
	a. Name	Margaret M. Timmins					
	b. Firm Name	Timmins Consulting LLC					
	c. E-mail Address	missy@timminsconsulting.com					
	d. Phone Number	(850)668-8000					

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