



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2673

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Santa Rosa corridor improvement concept will spur investment and redevelopment of the commercial area, create a multiuse path for pedestrians and bicycles, and construct large swales for stormwater control. It also eliminates a safety problem of vehicles speeding down the existing 4-lane roadway that bluntly terminates into concrete barricades on Air Force property. Okaloosa County is seeking a state appropriation of \$2 Million dollars to construct the easternmost portion of the corridor.

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               | 2,000,000        |
| <b>Total State Funds Requested</b> | <b>2,000,000</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)       | 2,000,000        | 26%         |
| <b>Matching Funds</b>                                |                  |             |
| Federal  | 0                | 0%          |
| State (excluding the amount of this request)         | 0                | 0%          |
| Local  | 5,600,000        | 74%         |
| Other  | 0                | 0%          |
| <b>Total Project Costs for Fiscal Year 2025-2026</b> | <b>7,600,000</b> | <b>100%</b> |

8. Has this project previously received state funding?  No

If yes, provide the most recent instance:

| Fiscal Year<br>(YYYY-YY) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
|                          |           |              |                             |        |

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**



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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?** 12/31/2026

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

Local Government 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.**

Local Government - Okaloosa County Board of County Commissioners

**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                      | Construction of designed and approved pedestrian and traffic safety improvements to the easternmost portion (Phase 1) of the project. | 2,000,000        |
| <b>Total State Funds Requested (must equal total from question #6)</b> |   | <b>2,000,000</b> |

**13. Program Performance**

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

The corridor improvement concept will spur investment and redevelopment of the commercial area, and construct a multiuse path for pedestrians and bicycles and large swales for stormwater control. It also eliminates a safety problem of vehicles speeding down the existing 4-lane roadway that bluntly terminates into concrete barricades on Air Force property. Okaloosa County is seeking a state appropriation of \$2 Million dollars to construct the easternmost portion of the corridor.

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

Construction and construction engineering and inspection services.



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

The project will include construction of needed sidewalks and installation of solar powered Rectangular Rapid Flashing Beacon (RRFB) pedestrian crosswalk systems. The roadway in it's current form allows high vehicle speeds and has little capacity for stormwater. Moderate storms lead to standing water on the roadway which reduces emergency response times and deteriorates the pavement.

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

Santa Rosa Boulevard is the main corridor serving all of the residents of Okaloosa Island, as well as commercial businesses, and tourists.

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

Benefits of the project include increased pedestrian and traffic safety, as well as a reduction of roadway flooding. This will be measured by monitoring vehicular and pedestrian accidents and damage, and monitoring flooding and drainage levels/improvement.

**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?**

Standard contract penalties and/or revocation of grant funds to be considered for failing to meet deliverables or performance standards.

**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



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

**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**



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