

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

LFIR # 2762

| 1. | Project Title | Madeira Beach: Stormwater Resiliency - Tidal Flow Prevention Valves | | | | | | |
|--|---------------------------|---|----------------------|--------------------------|---|---|--|--|
| 2. | Senate Sponsor | Nick DiCeglie | | | | | | |
| 3. | Date of Request | 2/25/2025 | | | | | | |
| 4. | Project/Program D | escription | | | | | | |
| | streets/roads to hel | y 50% of the installa p alleviate/reduce fu city; the additional va | ture tidal and storr | | tion (stormwater) ou stem alleviates parti | itlet valves on 4 City al flooding on the lowest | | |
| 5. | State Agency to re | eceive requested fu | nds Departm | nent of Environmental | Protection | | | |
| | State Agency cont | acted? No | | | | | | |
| 6. | Amount of the Non | recurring Request | for Fiscal Year 2 | 025-2026 | | | | |
| | Type of Funding | | | Amount | | | | |
| | Operating | | | | 100,000 | | | |
| | Fixed Capital Outla | у | | | 0 | | | |
| | Total State Funds | Requested | | | 100,000 | | | |
| 7. | Total Project Cost | for Fiscal Year 202 | 5-2026 (including | matching funds ava | ilable for this proje | ect) | | |
| | Type of Funding | | | Amount | Percentage | | | |
| | Total State Funds F | Total State Funds Requested (from question #6) | | | 50% | | | |
| | Matching Funds | | | | | | | |
| | Federal | | | 0 | 0% | | | |
| | , , | e amount of this requ | uest) | 0 | 0% | | | |
| | Local | | | 100,000 | 50% | | | |
| | Other | | | 0 | 0% | | | |
| | Total Project Cost | s for Fiscal Year 20 |)25-2026 | 200,000 | 100% | | | |
| 8. | | reviously received most recent instar | • | No | | | | |
| | Fiscal Year (уууу-уу) | Amo Recurring | ount Nonrecurring | Specific Appropriation # | Vetoed | | | |
| | | | | | | | | |
| 9. | Is future-year fund | 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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| Planning | O Design | Construction | O N/A | | |
|---------------------|------------------|--|---------------------|--------------------------|-----------------|
| o. Is the project ' | "shovel ready" (| i.e permitted)? | | | |
| . What is the es | timated start da | te of construction? | | | |
| . What is the es | timated comple | tion date of constru | ction? | | |
| . What funding | stream will be u | sed for ongoing ope | erations and mainte | enance of the project? | |
| | | o receive, directly or rs of the facility and | | ed capital outlay fundin | ng. Include the |

12. Details on how the requested state funds will be expended

a. What is the current phase of the project?

| 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 | Cost of the valves' materials and equipment | 100,000 | | |
| Consultants/Contracted Services/Study | | 0 | | |
| Fixed Capital Construction/Majo | r Renovation: | | | |
| Construction/Renovation/Land/ Planning Engineering | | 0 | | |
| Total State Funds Requested (must equal total from question #6) 100,00 | | | | |

13. Program Performance

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

A reduction of claims being filed due to the installation of additional tidal flow prevention (stormwater) outlet valves on 4 City streets/roads. Additionally a reduction in # and frequency of flooded streets during high tide occurrences; # of road/street repairs from water damage

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

Installation of additional tidal flow prevention (stormwater) outlet valves on 4 City streets/roads will help alleviate/reduce future tidal and storm flooding

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

Reduced tidal and storm flooding to approximately 200 parcels



□ No, but intends to apply

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

City FY 2025 budget public hearings and adoption; along with repetitive requests by property owners to alleviate flooding. Reduced tidal and storm flooding to approximately 200 parcels. Between 400-800 individuals will be impacted. e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured? Reduction in the number and frequency of flooded streets/roads, as well as a reduction of claims filed. 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? Monies will be reverted to the State. 14. Is 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) ablaResponse (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): The historic flooding from Hurricane Helene exposed a significant number of street areas to flooding 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



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| | a. If yes, specify th Commerce): | e program and state agei | ncy (ex. Loca | al Government Emergency | y Bridge Loan, Department o | | |
|-----|--|------------------------------|--------------------------|---------------------------|-----------------------------|--|--|
| ΡI | ease complet | e questions 17 thr | ough 21 | for Water Projects | only. | | |
| 17. | Have you been aw | arded or applied for alter | native state | funding for this project? | | | |
| | □ Water Quality I | mprovement Grant Prograr | m | | | | |
| | ☐ Resilient Florida Grant Program | | | | | | |
| | ☐ Wastewater Re | | | | | | |
| | □ Drinking Water | | | | | | |
| | ☐ Small Commun | nity Wastewater Treatment | Grant | | | | |
| | ☐ Other (please s | specify, ex. Alternative Wat | er Supply Gra | ants) | | | |
| | ☑ N/A | | | | | | |
| 18. | What is the popula | ation economic status? | | | | | |
| | ☐ Financially Disadvantaged Community (ch. 62-552, F.A.C) | | | | | | |
| | ☐ Financially Disadvantaged Municipality (ch. 62-552, F.A.C) | | | | | | |
| | □ Rural Area of Economic Concern | | | | | | |
| | | | | | | | |
| | ☑ N/A | | | | | | |
| 19. | What is the status | of construction? | | | | | |
| | Ready | | | | | | |
| 20. | What percentage of | of the construction has be | een complet | ed? | | | |
| | 0 | | | | | | |
| 21 | . What is the estima | ated completion date of c | onstruction ^e | 5/31/2026 | | | |
| 22. | Requester Contac | t Information | _ | | | | |
| | a. First Name | Robin Gomez | Last Name | Gomez | | | |
| | b. Organization | City of Madeira Beach | | 1 | | | |
| | | rgomez@madeirabeachfl | 7 | 1 | | | |
| | d. Phone Number | (727)580-8014 | Ext. | | | | |



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| 23. Recipient Contact Information | | | | | | | | |
|-----------------------------------|-------------------------------------|--------------------------------|-------|-----------|-------|--|--|--|
| a. Organizati | on | City of Madeira Beach | | | | | | |
| b. Municipali | b. Municipality and County Pinellas | | | | | | | |
| c. Organization Type | | | | | | | | |
| □For Profit | □For Profit Entity | | | | | | | |
| □Non Profit | □Non Profit 501(c)(3) | | | | | | | |
| □Non Profit | □Non Profit 501(c)(4) | | | | | | | |
| ☑Local Enti | ☑Local Entity | | | | | | | |
| □University | niversity or College | | | | | | | |
| □Other (ple | □Other (please specify) | | | | | | | |
| d. First Name | • | Robin Go | mez | Last Name | Gomez | | | |
| e. E-mail Add | iress | rgomez@madeirabeachfl.gov | | | | | | |
| f. Phone Nun | nber | (727)580- | -8014 | Ext. | | | | |
| 24. Lobbyist Cor | 4. Lobbyist Contact Information | | | | | | | |
| a. Name | | Jim Taylor | | | | | | |
| b. Firm Name |) | Shumaker Advisors Florida, LLC | | | | | | |
| c. E-mail Add | dress | jctaylor@shumakeradvisors.com | | | | | | |
| d. Phone Nui | mber | (813)810-4909 | | | | | | |

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