



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3100

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The City owned seawall along Gulf Shore Boulevard North in Venetian Bay were damaged during Hurricane Irma. This project is vital for public safety, as resilient seawall infrastructure protects the roadway, nearby properties, and the community from storm surge and flooding. Following the completion of Phase 1, which replaced approximately 700 linear feet of seawall, this project will address the remaining 2,600 linear feet requiring replacement. Design services are underway, with construction scheduled for FY 2025-26. By prioritizing resilience and public safety, this project ensures long-term protection and stability for one of Naples' critical coastal areas.

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               | 3,750,000        |
| <b>Total State Funds Requested</b> | <b>3,750,000</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)       | 3,750,000        | 50%         |
| <b>Matching Funds</b>                                |                  |             |
| Federal  | 0                | 0%          |
| State (excluding the amount of this request)         | 0                | 0%          |
| Local  | 3,750,000        | 50%         |
| Other  | 0                | 0%          |
| <b>Total Project Costs for Fiscal Year 2025-2026</b> | <b>7,500,000</b> | <b>100%</b> |

8. Has this project previously received state funding?

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?

a. If yes, indicate nonrecurring amount per year.

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



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

### 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?

01/01/2026

d. What is the estimated completion date of construction?

05/01/2026

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

Funding within the City's annual budget.

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.

The owner of the facility is the City of Naples.

### 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 2,600 linear feet of seawall and engineering construction management services. | 3,750,000        |
| <b>Total State Funds Requested (must equal total from question #6)</b> |  | <b>3,750,000</b> |

### 13. Program Performance

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

To provide replacement of damaged seawalls owned by the City to provide flood protection to the properties along Venetian Bay.

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

Construction services to construct 2,600 feet of damaged seawall along Gulf Shore Boulevard North within Venetian Bay.



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

There are no direct services to the citizens. The new seawall will provide protection to the residential properties along Gulf Shore Boulevard North within Venetian Bay.

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

The citizens who live along this section of Gulf Shore Boulevard North. Approximately 5,000 individuals.

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

The out come of the project will provide a new seawall that will protect publicly owned and privately owned property.

**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?**

Financial penalties for failure to meet benchmarks.

**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):**

Hurricane Irma

**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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No, but intends to apply

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

### Please complete questions 17 through 21 for Water Projects only.

**17. Have you been awarded or applied for alternative state funding for this project?**

- Water Quality Improvement Grant Program
- Resilient Florida Grant Program
- Wastewater Revolving Loan
- Drinking Water Revolving Loan
- Small Community Wastewater Treatment Grant
- Other (please specify, ex. Alternative Water Supply Grants)
- N/A

**18. What is the population 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
- Rural Area of Opportunity (s. 288.0656, Florida Statutes)
- N/A

**19. What is the status of construction?**

**20. What percentage of the construction has been completed?**

**21. What is the estimated completion date of construction?**

**22. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**



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#### 23. 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.

#### 24. 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.*