



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3407

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

A 3.6 mile leg of the NE FL Trail System that will provide a multi-use trail connecting Spring Park to the new Shands Bridge Trail. Approximately half (1/2) a mile of this trail will be constructed over the waters of the St. Johns River. The remaining portions will be constructed along the shoreline. This multi-year project ask includes funding for design, permitting and construction. This project is part of the NE FL Regional Trails Plan as well as the Green Cove Springs Mobility Plan.

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	950,000
Total State Funds Requested	950,000

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)	950,000	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	950,000	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? 1-1-2026

d. What is the estimated completion date of construction? 12-31-26

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

Local

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.

City of Green Cove Springs

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	This ask is to fund the design, engineering and permitting for the trail project.	950,000
Total State Funds Requested (must equal total from question #6)		950,000

13. Program Performance

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

Expanding public access to the St. Johns River

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

Public health benefits from hiking

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

More river access



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

All residents of Clay County and we expect an increase in tourism.

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

Usage of the trail will be tracked

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?

Withhold of future funds

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

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
- 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):



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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.