



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3651

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	250,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>250,000</b>

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	250,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>250,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future 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.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.



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## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. 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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. 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.

### 13. 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: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Vessel and Shoreline Study of the Rainbow River to assess their impact and promote conservation of the shoreline and river.	250,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>250,000</b>

### 14. Program Performance

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

To assess the impact of vessels and use of the river on its shoreline and determine the best methods to promote the river's conservation.

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

A study of the number of vessels the river sees on a recurring basis and their impact on the shoreline and the river itself.

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

A completed study that shows the impact of citizen's use of the river and promote methods of conservation by both the state and individual citizens.



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

The citizens of the state and others from around the country and world that come to enjoy the river and Florida's natural beauty. Based on the 2010 U.S. Census data, 111,747 people were estimated to be living in the Rainbow River Springshed.

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

The conservation of one of Florida's most beautiful springsheds and rivers through the promotion of conservation activities and methods by the state and the citizens that use the river. Continued observation of the river and the entire springshed to ensure adequate conservation of the natural state of the river.

**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 the contract?**

Return of the funds to the state/DEP.

**15. Requester Contact Information**

- a. **First Name**  **Last Name**
- b. **Organization**
- c. **E-mail Address**
- d. **Phone Number**  **Ext.**

**16. 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**

**17. Lobbyist Contact Information**

- a. **Name**
- b. **Firm Name**



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c. E-mail Address

d. Phone Number