1. Title of Project: City of Delray Beach Sand Search Beach Nourishment

2. Senate Sponsor: Kevin Rader

3. Date of Submission: 01/24/2018

4. Project/Program Description:
   Identification of appropriate quality and quantity of sand to re-nourish beach following hurricane losses.

5. State Agency Contacted? Yes
   a. If yes, which state agency? Department of Environmental Protection
   b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. Amount of Non-recurring Requested for fiscal year 2018-19:

<table>
<thead>
<tr>
<th>Amount Requested for Operations</th>
<th>Amount Requested for Fixed Capital Outlay</th>
<th>Total Amount of Requested State Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>650,000</td>
<td>650,000</td>
<td>650,000</td>
</tr>
</tbody>
</table>

7. Type, amount and percent of matching funds available for this project for fiscal year 2018-19:

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>325,000</td>
<td>25.0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>182,000</td>
<td>14.0%</td>
</tr>
<tr>
<td>Local</td>
<td>104,000</td>
<td>8.0%</td>
</tr>
<tr>
<td>Other</td>
<td>39,000</td>
<td>3.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>650,000</td>
<td>50.0%</td>
</tr>
</tbody>
</table>

8. Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds): 1,300,000

9. Previous Year Funding Details:
   a. Has funding been provided in a previous state budget for this activity? No
   b. In the previous 5 fiscal years, how many years was funding provided? (Optional)
   c. What is the most recent fiscal year the project was funded?
   d. Were the funds provided in the most recent fiscal year subsequently vetoed?
   e. Complete the following Worksheet.

   | FY: | Input Prior FY Appropriation for this project for FY 2017-18 |
### The Florida Senate

**Local Funding Initiative Request - Fiscal Year 2018-2019**

(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)

<table>
<thead>
<tr>
<th>Column:</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds Description:</td>
<td>Prior Year Recurring Funds *</td>
<td>Prior Year Nonrecurring Funds *</td>
<td>Total Funds Appropriated (Column A + Column B)</td>
</tr>
</tbody>
</table>

#### Input Amounts:

10. Is future-year funding likely to be requested?
   - Yes
   - a. If yes, indicate non-recurring amount per year.
     - To complete beach re-nourishment project.

11. Program Performance:
   a. What is the specific purpose or goal that will be achieved by the funds requested?
     - An adequate source of sand in the appropriate quality and quantity to accomplish beach re-nourishment will be identified and permits to utilize the sourced sand will be obtained.
   b. What are the activities and services that will be provided to meet the intended purpose of these funds?
     - Hydrographic and other types of survey, cultural resources identification, qualification of sand characteristics for placement on beach will be achieved, permits to obtain sand for Beach re-nourishment will be obtained.
   c. How will the funds be expended?

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Consultants/Contracted Services/Study</td>
<td>Consulting and project planning.</td>
<td>650,000</td>
</tr>
<tr>
<td>Operational Costs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
d. **What are the direct services to be provided to citizens by the appropriations project?**

   Replacement of beach sand lost to storm will service the citizens of Delray Beach, tourists and the surrounding areas within South Florida. This will protect the tourist economy and promote tourism. Additionally, placement of the appropriate sand in the proper place will enhance endangered sea turtle protection efforts.

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

   Protection of endangered sea turtles serves the entire population of Florida. Enhancement of tourism efforts serves the 66,000 population of the City of Delray Beach, as well as the nearly 7 million residents of South Florida and the more than 20 million residents of the State of Florida.

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

   The expected outcome of this project is that an adequate source and supply of beach sand will be identified and permitted for use in a beach re-nourishment Project for the replenishment of beach sand in the City of Delray Beach that was lost due to storm activity from Hurricane Irma and from other hurricanes that remained offshore, but caused storm surge that damaged area beaches.

g. **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?**

   Should deliverables not be met during the implementation of this contract, it is expected that the contracting agency will require repayment of any public funding that has been received.

12. **The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

   N/A

13. **Requestor Contact Information:**

   a. Name: Missie Barletto
   
   b. Organization: City of Delray Beach
   
   c. Email: barlettom@mydelraybeach.com
   
   d. Phone Number: (561)243-7000 Ext. 4104
14. Recipient Contact Information:
   a. Organization: City of Delray Beach
   b. County: Palm Beach
   c. Organization Type:
      ○ For Profit
      ○ Non Profit 501(c) (3)
      ○ Non Profit 501(c) (4)
      ○ Local Entity
      ○ University or College
      ○ Other (Please specify)
   d. Contact Name: Missie Barletto
   e. E-mail Address: barlettom@mydelraybeach.com
   f. Phone Number: (561)243-7000 Ext. 4104

15. If there is a registered lobbyist, fill out the lobbyist information below.
   a. Name: Mat Forrest
   b. Firm: Ballard Partners
   c. Email: mat@ballardfl.com
   d. Phone Number: (561)779-7003

16. Have you applied for alternative state funding?
   ☐ Wastewater Revolving Loan
   ☐ Drinking Water Revolving Loan
   ☐ Small Community Wastewater Treatment Grant
   ☐ Other (Please describe)
   ☑ N/A

17. 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

18. What is the status of construction?
Pre-construction study. Permits for construction are in place and design is complete once sand source has been identified.

19. What percentage of construction has been completed?

0

20. What is the estimated completion date of construction?

Construction is anticipated to be completed in 2021.