



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1035

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The goal of funding is to improve safety and accessibility along the city's main artery for the key stakeholders - residents, businesses, and visitors - while addressing the impact of seasonal traffic. The project will make the city's main street corridor more user-friendly by addressing safety concerns, access issues, and aesthetic deficiencies resulting from the currently antiquated infrastructure along the street that doesn't account for increased tourism.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,410,000
<b>Total State Funds Requested</b>	<b>1,410,000</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,410,000	80%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	352,500	20%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>1,762,500</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	1,288,440	1988A	No

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.

The city will work to use some local funds for this project that would cover only a portion of the total project cost.

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



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

## 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

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		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	The funds will be spent to add (3) elevated mid-block crossings with sidewalk connections, proper signage and in-pavement flashing lights to improve safety in the main artery of the city. Additionally, the funds will be used to add permeable sidewalks within the city's main artery corridor on both Magnolia Avenue and Spring Avenue to improve accommodations for bicyclists and pedestrians.	1,410,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,410,000</b>

### 14. Program Performance

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



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

The funds will be spent to add three elevated mid-block crossings with sidewalk connections, proper signage and in-pavement flashing lights to improve safety in the main artery of the city. Additionally, the funds will be used to add permeable sidewalks within the city's main artery corridor on both Magnolia Avenue and Spring Avenue to improve accommodations for bicyclists and pedestrians.

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

By building sidewalks within the main artery corridor, we are increasing access to businesses, recreation, educational activities, and providing a safe environment for visitors and residents alike.

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

The target population is the city's key stakeholders - residents, elderly, businesses, visitors, and law enforcement.

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

The project will provide a safer and better means of access for all stakeholders to all the city has to offer - including our sugar sand beaches, Anna Maria Island Historical Society Museum, the Mote Marine Laboratory Outreach and Learning Center on the City Pier - and provide increased safety measures. We will utilize metrics provided by staff-gathered attendance numbers at the museum and Mote Learning Laboratory, our business community and law enforcement along with feedback from residents and visitors to measure the outcome.

**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?**

Withholding or revocation of funding.

**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



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University or College

Other (please specify) Local Government

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**