

## The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 2816

1.	Project Title	Hurricane Assistance - Lo	ee County	- Restore Working Wa	aterfront		
2.	Senate Sponsor	Jonathan Martin					
3.	Date of Request	03/03/2023					
4.	Project/Program Des	scription					
	working capacity. This exclusive to, commerce	ct is to restore the working s would include all industrie cial fishing, dock work, sea ncluding eateries and stor	es associa Ifood stora	ted with the working w	vaterfront of Lee Co	ounty; including, but not	
5.	State Agency to rece	eive requested funds	Division	of Emergency Manag	ement		
	State Agency contac	ted? No					
6.	Amount of the Nonre	curring Request for Fisc	al Year 20	)23-2024			
	Type of Funding			Amo	unt		
	Operations				0		
	Fixed Capital Outlay	•			50,000,000		
	Total State Funds Re	equested			50,000,000		
7.	Total Project Cost for Type of Funding	r Fiscal Year 2023-2024 (	including	matching funds ava  Amount	ilable for this proje Percentage	ect)	
	Total State Funds Red	quested (from question #6)	)	50,000,000	100%		
	Matching Funds						
	Federal			0	0%		
	State (excluding the a	mount of this request)		0	0%		
	Local			0	0%		
	Other			0	0%		
	Total Project Costs f	or Fiscal Year 2023-2024		50,000,000	100%		
8.	Has this project prev	riously received state fur	nding?	No			
	Fiscal Year	Amount		Specific	Vetoed		
	(уууу-уу)	Recurring Nonre	ecurring	Appropriation #			
9.	Is future funding like	ely to be requested?		No			
	a. If yes, indicate no	nrecurring amount per ye	ear.				
	b. Describe the sour	ce of funding that can be	e used in l	ieu of state funding.		]	
10	). Has the entity requ	esting this project receiv	ed any fe	deral assistance rela	ited to the COVID-	19 pandemic?	

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



11. Status of Construction

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

	a. What is the current phase of the project?				
		ODesign	Construction		
	b. Is the project "shovel ready" (i.e permitted)?			No	
c. What is the estimated start date of construction?			ASAP		

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.

The money will be allocated to DEM to assist in the rebuilding of the working waterfront of Pine Island, Matlacha and Fort Myers Beach.

ASAP

13. Details on how the requested state funds will be expended

d. What is the estimated completion date of construction?

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: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Working waterfront of Pine Island, Matlacha and Fort Myers Beach	50,000,000
Total State Funds Requested (must equal total from question #6) 50,000,000		

#### 14. Program Performance

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

The goal is to rebuild the working waterfront of Pine Island, Matlacha and Fort Myers Beach.

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

All business and people effected by the working waterfront of Pine Island, Matlacha and FMB which include restaurants, tourism, owners and employees of commercial vessels and businesses locally, statewide and nationally that benefit from the working waterfront of Pine Island, Matlacha and Fort Myers Beach products.



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

The direct services are the products produced, businesses reopening and the employment of the working waterfront of Pine Island, Matlacha and Fort Myers Beach people within the industry and effected industries.

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

The direct target population is the owners and employees of the working waterfront of Pine Island, Matlacha and Fort Myers Beach. The other people effected are the outside people effected by the working waterfront of Pine Island, Matlacha and Fort Myers Beach, including restaurants, tourism, fish markets, grocery stores, waterfront construction, local, state and national benefactors of the working waterfront of Pine Island, Matlacha and Fort Myers Beach products.

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

The benefit and outcome is the fully restored and opening of the working waterfront of Pine Island, Matlacha and Fort Myers Beach destroyed after Ian. This will be measured by the local population being put back to work in their industries as well as the employees of the indirect industries that benefit from the working waterfront of Pine Island, Matlacha and Fort Myers Beach.

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?

There are no "penalties" if this is not funded, but the adverse effect will be to the working waterfront of Pine Island, Matlacha and Fort Myers Beach industries, business owners, employees and outside businesses that benefit from the working waterfront of Pine Island, Matlacha and Fort Myers Beach representing a large segment of the local and state

15. Requester Contact Information					
a. First Name	Glen		Last Name	Salyer	
b. Organization	Lee County Board of County Commissioners				
c. E-mail Address	gsalyer@	gsalyer@leegov.com			
d. Phone Number	(239)533-	-2107	Ext.		
16. Recipient Contact	Informatio	on			
a. Organization	a. Organization Lee County Board of County Commissioners				
b. Municipality and	b. Municipality and County Lee				
c. Organization Type					
□For Profit Entity					
□Non Profit 501(d	□Non Profit 501(c)(3)				
□Non Profit 501(c)(4)					
☑Local Entity					
□University or College					
□Other (please specify)					
d. First Name	Glen		Last Name	Salyer	



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e. E-mail Address	gsalyer@leegov.com			
f. Phone Number	(239)533-2107			
17. Lobbyist Contact Information				
a. Name	None			
b. Firm Name	None			
c. E-mail Address				
d. Phone Number				