

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

LFIR # 1456

| 1. Project Title            |  | Indian Harbour Beach 2nd Generation Baffle Box at Cheyenne Court |                  |         |                       |                    |                       |  |  |
|-----------------------------|--|--|------------------|---------|-----------------------|--------------------|-----------------------|--|--|
| 2. Senate Spor              | sor  | Debbie Mayfield  |                  |         |                       |                    |                       |  |  |
| 3. Date of Requ             | uest   | 02/03/2023   |                  |         |                       |                    |                       |  |  |
| 4. Project/Prog             | ram De                                       | escription   |                  |         |                       |                    |                       |  |  |
| Install of a b submerged la | affle bo<br>ands.                            | x to annually remov  | /e 421.5 pound   | ds of   | nitrogen and 103.8 po | ounds of phosphate | s from state sovereig |  |  |
| 5. State Agenc              | y to rec                                     | eive requested fu  | <b>nds</b> Dep   | artme   | ent of Environmental  | Protection         |                       |  |  |
| State Agency                | y conta                                      | cted? No   |                  |         |                       |                    |                       |  |  |
| 6. Amount of th             | e Nonr                                       | ecurring Request   | for Fiscal Ye    | ar 20   | 23-2024               |                    |                       |  |  |
| Type of Fun                 | ding   |  |                  |         | Amo                   | unt                |                       |  |  |
| Operations                  |  |  |                  |         |                       | 0                  |                       |  |  |
| Fixed Capital               | Outlay                                       |  |                  |         |                       | 400,000            |                       |  |  |
| <b>Total State F</b>        | unds F                                       | Requested  |                  |         |                       | 400,000            |                       |  |  |
| -                           |  | or Fiscal Year 202   | 3-2024 (inclu    | ding ı  | matching funds avai   |                    | ect)                  |  |  |
| Type of Fun                 |  | / (  |                  |         | Amount                | Percentage 80%     |                       |  |  |
|                             |  | equested (from que   | estion #6)       |         | 400,000               |                    |                       |  |  |
| Matching Fu                 | ınds   |  |                  | T       |                       | 00/                |                       |  |  |
| Federal                     |  |  |                  |         | 0 0%                  |                    |                       |  |  |
| •                           | State (excluding the amount of this request) |  |                  |         | 0                     |                    |                       |  |  |
| Local                       |  |  |                  |         | 100,000               |                    |                       |  |  |
| Other                       |  |  |                  | 0 0%    |                       |                    |                       |  |  |
| <b>Total Projec</b>         | t Costs                                      | for Fiscal Year 20   | )23-2024         |         | 500,000               | 100%               |                       |  |  |
| 8. Has this pro             | ject pre                                     | eviously received  | state funding    | ?       | No                    |                    |                       |  |  |
| Fiscal Ye                   | ar   | Amount   |                  |         | Specific              | Vetoed             |                       |  |  |
| (уууу-уу)                   | /) [   | Recurring  | Nonrecurri       | ing     | Appropriation #       |                    |                       |  |  |
|                             |  |  |                  |         |                       |                    |                       |  |  |
| 9 Is future fun             | dina lik                                     | ely to be requeste   | ed?              |         | No                    |                    |                       |  |  |
|                             | •  | •  |                  |         |                       |                    |                       |  |  |
| a. if yes, ind              | icate no                                     | onrecurring amou   | nt per year.     |         |                       |                    |                       |  |  |
| b. Describe                 | the sou                                      | rce of funding tha   | at can be use    | d in li | eu of state funding.  |                    |                       |  |  |
|                             |  |  |                  |         |                       |                    |                       |  |  |
| 40 Haadhaan                 |  |  | -4 : · · I - · · |         |                       | 4 - 1 4 - 4 COVID  | 40                    |  |  |
| TU. Has the ent             | ity requ                                     | uesting this projec  | ct received ar   | ту тео  | leral assistance rela | tea to the COVID-  | 19 pandemic?          |  |  |
| Yes                         |  |  |                  |         |                       |                    |                       |  |  |
| If yes, indic               | ate the                                      | amount of funds i  | received and     | what    | the funds were use    | d for.             |                       |  |  |



11. Status of Construction

a. What is the current phase of the project?

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0

0

0

400,000

400,000

\$4,285,786. Expansion of Algonquin Sports Complex, Renovations of the former police department, installation of a restroom at Gleason Park, procurement of an Enterprise Resource Planning System, and other smaller projects.

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

| • Planning Design  | Construction  |                                |                     |          |
|--|---|--------------------------------|---------------------|----------|
| b. Is the project "shovel ready" (i                                    | .e permitted)?  | No                             |                     |          |
| c. What is the estimated start dat                                     | e of construction?  | 01/01/2024                     |                     |          |
| d. What is the estimated complete                                      | ion date of construction?                                     | 09/30/2024                     |                     |          |
| 12. List the owners of the facility to relationship between the owners | receive, directly or indirec<br>s of the facility and the ent | tly, any fixed capital<br>ity. | outlay funding. Inc | lude the |
| City of Indian Harbour Beach   |   |                                |                     |          |
| 13. Details on how the requested sta                                   | ate funds will be expended                                    |                                |                     |          |
| Spending Category  |   | Description                    |                     | Amount   |
| Administrative Costs:  |   |                                |                     |          |
| Executive Director/Project Head Salary and Benefits                    |   |                                |                     |          |
| Other Salary and Benefits  |   |                                |                     |          |
|  |   |                                |                     |          |

#### 14. Program Performance

Planning Engineering

Consultants/Contracted

Consultants/Contracted Services/Study

**Operational Costs: Other** 

Construction/Renovation/Land/

Expense/Equipment/Travel/Supplies/

Fixed Capital Construction/Major Renovation:

Services/Study

Other

Salary and Benefits

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

Total State Funds Requested (must equal total from question #6)

Improve the water quality of the Indian River Lagoon by removing annually 421.5 pounds of nitrogen and 103.8 pounds of phosphates from state sovereign submerged lands.

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

installation of 2nd generation baffle box

Once installed, City staff will regularly clean out the baffle box to ensure maximum removal of nutrients from the Indian River Lagoon.



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| c. What direct ser                 | vices will be provided to                           | citizens by t  | he appropriation project     | ?                                   |  |  |
|------------------------------------|---|----------------|------------------------------|-------------------------------------|--|--|
| Improved water q                   | uality of the Indian River La                       | igoon.         |                              |                                     |  |  |
| d. Who is the targ                 | et population served by t                           | his project?   | How many individuals a       | re expected to be served?           |  |  |
| All citizens of and                | visitors to Brevard County                          | (population 6  | 316,000) will benefit from a | healthier Indian River Lagoon.      |  |  |
| e. What is the exp<br>be measured? | ected benefit or outcome                            | of this proj   | ect? What is the method      | ology by which this outcome will    |  |  |
|                                    | ,   |                | ,                            | es to recover to sustainable number |  |  |
|                                    | sea grass and a decrease i                          |                |                              |                                     |  |  |
|                                    | ggested penalties that the deliverables or performa |                |                              | n addition to its standard penaltic |  |  |
| Retain a portion of                | of the grant award if the proj                      | ect is not cor | mpleted by the deadline.     |                                     |  |  |
| 15. Requester Contac               | t Information                                       |                |                              |                                     |  |  |
| a. First Name                      | John  | Last Name      | Coffey                       |                                     |  |  |
| b. Organization                    | City of Indian Harbor Bea                           | ch             |                              |                                     |  |  |
| c. E-mail Address                  | jcoffey@indianharbour.org                           |                |                              |                                     |  |  |
| d. Phone Number                    | (321)773-3181                                       | Ext.           |                              |                                     |  |  |
| 16. Recipient Contact              | Information   |                |                              |                                     |  |  |
| a. Organization                    | City of Indian Harbour Be                           | ach            |                              |                                     |  |  |
| b. Municipality and                | d County Brevard                                    |                |                              |                                     |  |  |
| c. Organization Ty                 | ре  |                |                              |                                     |  |  |
| □For Profit Entity                 |   |                |                              |                                     |  |  |
| □Non Profit 501(d                  | c)(3)   |                |                              |                                     |  |  |
| □Non Profit 501(d                  | c)(4)   |                |                              |                                     |  |  |
| ☑Local Entity                      |   |                |                              |                                     |  |  |
| □University or Co                  | ollege  |                |                              |                                     |  |  |
| □Other (please s                   | pecify)   |                |                              |                                     |  |  |
| d. First Name                      | John  | Last Name      | Coffey                       |                                     |  |  |
| e. E-mail Address                  | jcoffey@indianharbour.org                           | g              |                              |                                     |  |  |
| f. Phone Number                    | er (321)773-3181                                    |                |                              |                                     |  |  |
| 17. Lobbyist Contact               | Information   |                |                              |                                     |  |  |

Mike Haridopolos

a. Name



09/30/2024

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| b.     | b. Firm Name Mike Haridopolos                               |  |            |  |  |  |
|--------|---|--|------------|--|--|--|
| C.     | c. E-mail Address mike@mhflorida.com                        |  |            |  |  |  |
| d.     | Phone Number  | (321)525-1861                              |            |  |  |  |
| Plea   | se complete   | e the questions below for Water Proj       | ects only. |  |  |  |
| 18. Ha | ave you applied f   | or alternative state funding?              |            |  |  |  |
| (      | ☐ Waste Water Ro  | evolving Loan                              |            |  |  |  |
| [      | □ Drinking Water Revolving Loan                             |  |            |  |  |  |
| [      | ☐ Small Community Wastewater Treatment Grant                |  |            |  |  |  |
| [      | ☐ Other (please specify)                                    |  |            |  |  |  |
| [      | ☑ N/A   |  |            |  |  |  |
| 19. W  | hat is the popula   | tion economic status?                      |            |  |  |  |
| Į.     | ☐ Financially Disa  | dvantaged Community (ch. 62-552, F.A.C)    |            |  |  |  |
| [      | ☐ Financially Disa  | dvantaged Municipality (ch. 62-552, F.A.C) |            |  |  |  |
| [      | □ Rural Area of Economic Concern                            |  |            |  |  |  |
| [      | ☐ Rural Area of Opportunity (s. 288.0656, Florida Statutes) |  |            |  |  |  |
| (      | ☑ N/A   |  |            |  |  |  |
| 20. W  | hat is the status   | of construction?                           |            |  |  |  |
|        | planning  |  |            |  |  |  |
| 21. W  | hat percentage o  | f the construction has been completed?     |            |  |  |  |
|        | 0<br>0%   |  |            |  |  |  |
| 22. W  | hat is the estima   | ted completion date of construction?       |            |  |  |  |