



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** City of Anna Maria Pier Hurricane Repair

2. **Senate Sponsor:** Bill Galvano

3. **Date of Submission:** 01/17/2018

4. **Project/Program Description:**

Repair of Historic Anna Maria Pier destroyed by Hurricane Irma.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Economic Opportunity

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:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
255,000	495,000	750,000

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

Type	Amount	Percent
Federal	1,250,000	27.8%
State (excluding the amount of this request)	0	0.0%
Local	1,000,000	22.2%
Other	1,500,000	33.3%
TOTAL	3,750,000	83.3 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 4,500,000

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
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	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

Restore the historic Pier and rebuild the Bait Shop and Restaurant that add \$143K in annual revenue.

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

Tourism/Lease Revenue.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Materials	165,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Architecture	90,000



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Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Engineering & Construction	495,000
TOTAL		750,000

d. What are the direct services to be provided to citizens by the appropriations project?

Tourist Revenue and Lease Agreement for Bait Shop and Restaurant.

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

Constituents of the City and the County.

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

Restore the historic Pier and rebuild the Bait Shop and Restaurant that add \$143K in annual revenue.

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?

Withholding of funds.

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.

City of Anna Maria Island

13. Requestor Contact Information:

- a. **Name:** Dan Murphy
- b. **Organization:** Mayor for the City of Anna Maria Island
- c. **Email:** ammayor@cityofannamaria.com
- d. **Phone Number:** (941)708-6130

14. Recipient Contact Information:

- a. **Organization:** City of Anna Maria Island
- b. **County:** Manatee
- 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:** Dan Murphy



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e. E-mail Address: ammayor@cityofannamaria.com

f. Phone Number: [\(941\)708-6130](tel:(941)708-6130)

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: [Chip Case](#)

b. Firm: [Jefferson Monroe, LLC](#)

c. Email: chip@jeffersonmonroe.com

d. Phone Number: [\(850\)544-2222](tel:(850)544-2222)