1. **Title of Project:** Hurricane - Port St Joe Channel Dredging

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 03/15/2019

4. **Project/Program Description:**
   
The Port of Port St Joe has permits in hand for the dredging of the shipping channel and are requesting funds for the construction of spoil sites and the dredging itself. The total cost of the project is approximately $35 million and the port has a request to the Triumph Board for $15 million.

5. **State Agency to receive requested funds:** Department of Environmental Protection
   
   State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td></td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td>Total State Funds Requested</td>
<td>20,000,000</td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>20,000,000</td>
<td>57.1%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>15,000,000</td>
<td>42.9%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td>35,000,000</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** No

9. **Is future-year funding likely to be requested?** No

10. **Details on how the requested state funds will be expended**

    | Spending Category Administrative Costs: | Description | Amount |
    |-----------------------------------------|-------------|--------|
    | Executive Director/Project Head Salary and Benefits |             |        |
    | Other Salary and Benefits                |             |        |
Expense/Equipment/Travel/Supplies/Other
Consultants/Contracted Services/Study

**Operational Costs:**
Salary and Benefits
Expense/Equipment/Travel/Supplies/Other
Consultants/Contracted Services/Study

**Fixed Capital Construction/Major Renovation:**
Construction/Renovation/Land/Planning Engineering
Channel dredging

<table>
<thead>
<tr>
<th>Construction/Renovation/Land/Planning Engineering</th>
<th>Channel dredging</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20,000,000</td>
</tr>
</tbody>
</table>

Total State Funds Requested (must equal total from question #6) 20,000,000

11. Program Performance:

a. **What is the specific purpose or goal that will be achieved by the funds requested?**
   Dredging of the channel at the Port of Port St Joe.

b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**
   Opportunity to market and operate the Port of Port St Joe.

c. **What are the direct services to be provided to citizens by the appropriations project?**
   Job opportunities at an operational port.

d. **Who is the target population served by this project? How many individuals are expected to be served?**
   This is a project that will serve a multi-county region and have the opportunity to employ well over 300.

e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
   Expected outcome will be jobs for the region and the number of jobs is how it will be measured.

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 in the contract?**
   N/A

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:** Guerry Magidson
   b. **Organization:** Port St Joe Port Authority
   c. **E-mail Address:** gmagidson@portofportstjoe.com
   d. **Phone Number:** (850)227-4855
Recipent Contact Information:

a. **Organization**: Port St Joe Port Authority  
b. **County**: Gulf  
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**: Guerry Magidson  
e. **E-mail Address**: gmagidson@portofportstjoe.com  
f. **Phone Number**: (850)227-4855

15. Lobbyist Contact Information

a. **Name**: None  
b. **Firm Name**: None  
c. **E-mail Address**:  
d. **Phone Number**:  

Please complete the questions below for Water Projects only

16. Have you applied for alternative state funding?

- [ ] Wastewater Revolving Loan  
- [ ] Drinking Water Revolving Loan  
- [ ] Small Community Wastewater Treatment Grant  
- [ ] Other (Please describe)  
- [X] 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)  
- [X] N/A

18. What is the status of construction? NA
19. What percentage of construction has been completed? NA

20. What is the estimated completion date of construction? NA