



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1708

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

North CR 439 transects the Blackwater Creek system which conveys flow between Lake Dalhousie and associated wetlands to the Lake Norris basin. Flows are conveyed via a total of eight box culverts ranging in size from 4x10 to 5x7. CR 439 is a collector road for the area.

During tropical weather type rain events water has been seen overtopping CR 439 at the Blackwater Creek crossings. This project would involve review of the 1981 USDA Blackwater Flood Study for any necessary updates to confirm the 100 year flood elevation. Culvert design to adequately convey the flows and prevent road overtopping can then be done and is included within the study effort.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

| Type of Funding                    | Amount         |
|------------------------------------|----------------|
| Operations                         | 0              |
| Fixed Capital Outlay               | 250,000        |
| <b>Total State Funds Requested</b> | <b>250,000</b> |

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

| Type of Funding                                      | Amount         | Percentage  |
|------------------------------------------------------|----------------|-------------|
| Total State Funds Requested (from question #6)       | 250,000        | 100%        |
| <b>Matching Funds</b>                                |                |             |
| Federal                                              | 0              | 0%          |
| State (excluding the amount of this request)         | 0              | 0%          |
| Local                                                | 0              | 0%          |
| Other                                                | 0              | 0%          |
| <b>Total Project Costs for Fiscal Year 2022-2023</b> | <b>250,000</b> | <b>100%</b> |

8. Has this project previously received state funding?

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
|                          |           |              |                             |        |

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.

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



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No

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

#### 11. 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                      | Engineering evaluation, design, and permitting. | 250,000        |
| <b>Total State Funds Requested (must equal total from question #6)</b> |                                                 | <b>250,000</b> |

#### 12. Program Performance

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

Adequate culvert design to prevent the road from overtopping.

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

A detailed engineering evaluation and culvert design to eliminate the flooding concerns.

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

A safe collector roadway.

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

Area residents; approximately 9,000 people.

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

Adequate culvert design to prevent road overtopping. Monitoring the road in rainy tropical conditions.

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?

The county will return any funding received for the project to the contracting agency.

13. 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.



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Local government.



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. 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
- ☐ University or College
- ☐ Other (please specify)

d. First Name  Last Name

e. E-mail Address

f. Phone Number

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number