



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 2287

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This request is to secure funds for the design, permitting, and construction for the Bristol Boat Ramp Improvements. The improvements would include widening, dredging, and resurfacing the existing boat ramp. Also, mitigation procedures such as installing sheet-pile walls and bank and shore rip-rap will be installed for erosion protection. Other items included would be installation of floating docks in the boat slip area, upgraded lighting and signage, new river reading marker, and landscaping and parking lot improvements.

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 | 600,000 |
| Total State Funds Requested | 600,000 |

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) | 600,000 | 100% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 0 | 0% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2022-2023 | 600,000 | 100% |

8. Has this project previously received state funding?

| Fiscal Year (yyyy-yy) | Amount | | Specific 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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If yes, indicate the amount of funds received and what the funds were used for.

Liberty County was allocated \$1,457,708 as part of the CARES Act for State and Local Governments. Funds were used for PPE, sanitizing supplies, labor, equipment and other items. Liberty County was allocated \$1,622,677 as part of the American Rescue Plan. Funds are to be used for Covid-19 mitigation efforts, replacement of lost public sector revenue, premium pay for essential workers, and investments in water.

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

| 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/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | Design, permitting, and construction of the boat ramp improvements. | 600,000 |
| Total State Funds Requested (must equal total from question #6) | | 600,000 |

12. Program Performance

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

The specific purpose of this project is to enhance the recreation opportunity for the citizens of Liberty County and visitors who utilize the Bristol Boat Ramp. If funds are secured, the improvements would include resurfacing and widening the existing boat ramp to accommodate higher volumes of traffic, install floating docks to provide convenient and safe boat launching, mitigation for erosion by installing sheet-piles and rip-rap, upgrading the lighting system, and improving the parking lot for the facility.

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

Design (for ramp widening and sheet pile walls), permitting, and construction will be accomplished through the requested funds.

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

This project will enhance the boat ramp to provide a safer, more convenient recreation facility for the citizens of Liberty County and its visitors.

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

Liberty County has a population near 9,000 citizens. However, due to its proximity to the Apalachicola River, the County has many visitors yearly that come to utilize their natural resources.

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



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The expected outcome of this project would be the increase of recreation usage of the boat ramp. The County has plans to continue to improve their recreation facilities to lure more tourists into the area. One idea for future growth is to develop an RV park near the boat ramp that one day could generate revenue for the County. Out of state fishing licenses and RV rentals would be a couple of ways to measure cost benefits.

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?

It is not anticipated that failing to meet deliverables or performance measures will occur, however, if such penalties are needed, withholding funding would be an appropriate measure.

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.

This facility will be owned and operated by the Liberty County Board of Commissioners.



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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