

1. Project Title

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

Longboat Key Flood Mitigation

LFIR # 1144

| _ | | | | | |
|--|--|-----------------------------|--|--|---|
| 2. Senate Sponsor | Jim Boyd | | | | |
| 3. Date of Request | 11/09/2023 | | | | |
| 4. Project/Program Des | scription | | | | |
| wind, flooding and we increase roadway and | at Key is a coastal barrier is eather related storm surge, d public infrastructure eleva or mitigation and resilience i project. | most recen itions in our | tly with Hurricane Ida lowest areas. This for | alia. The Town is wo unding will help furtl | orking to incrementally her progress design and |
| 5. State Agency to rece | eive requested funds | Departme | ent of Environmental | Protection | |
| State Agency contact | cted? No | | | | |
| | ecurring Request for Fisc | al Vaar 201 | 24 2025 | | |
| | | ai i eai 202 | | | |
| Type of Funding | | | Amount | | |
| Operations | | | 0 | | |
| Fixed Capital Outlay | | | 1,000,000 | | |
| Total State Funds Requested | | | 1,000,000 | | |
| 7. Total Project Cost fo | r Fiscal Year 2024-2025 (i | ncluding r | natching funds avai | lable for this proje | ect) |
| Type of Funding | | | Amount | Percentage | |
| Total State Funds Requested (from question #6) | | | 1,000,000 | 50% | |
| Matching Funds | | | | | |
| Federal | | | 0 | 0% | |
| State (excluding the amount of this request) | | | 0 | 0% | |
| Local | · | | 1,000,000 | 50% | |
| Other | | | 0 | 0% | |
| Total Project Costs | Total Project Costs for Fiscal Year 2024-2025 | | 2,000,000 | 100% | |
| 8. Has this project prev | viously received state fun | ding? | No | | |
| Fiscal Year (yyyy-yy) | Amount Recurring Nonre | currina | Specific Appropriation # | Vetoed | |

The Town is pursuing local, state and federal funding sources to improve resiliency on our lowest neighborhood areas.

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?

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

Yes

1,000,000



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

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| Status of Construction | | | | |
|---|--|----------|--|--|
| a. What is the current phase of tl | he project? | | | |
| Planning • Design | O Construction N/A | | | |
| b. Is the project "shovel ready" (| i.e permitted)? | | | |
| c. What is the estimated start da | te of construction? | | | |
| d. What is the estimated completion date of construction? | | | | |
| Town of Longboat Key Details on how the requested st | ate funds will be expended | | | |
| Spending Category | Description | Amount | | |
| Administrative Costs: | , | | | |
| Executive Director/Project Head Salary and Benefits | | (| | |
| Other Salary and Benefits | | | | |
| Expense/Equipment/Travel/Supplies/ Other | | | | |
| Consultants/Contracted Services/Study | | | | |
| Operational Costs: Other | | | | |
| Salary and Benefits | | (| | |
| Expense/Equipment/Travel/Supplies/ Other | | (| | |
| Consultants/Contracted Services/Study | | (| | |
| Fixed Capital Construction/Major | r Renovation: | | | |
| Construction/Renovation/Land/ Planning Engineering | The funds would be used to advance design and permitting in outstanding neighboring areas where additional funding is required to continue design engineering efforts. | 1,000,00 | | |
| Total State Funds Requested (m | ust equal total from question #6) | 1,000,00 | | |
| Program Performance | | | | |
| Frogram Ferrormance | al will be achieved by the funds requested? | | | |
| a What specific nurness or do: | | | | |
| a. What specific purpose or goa | <u> </u> | | | |



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| Design engineering | g and permitting of local, le | ow-lying neig | hborhoods. | | |
|---|--|-------------------------------|----------------------|--|--|
| d. Who is the targe | et population served by | this project? | How many indivi | duals are expected to be served? | |
| | targeted neighborhoods w to 130 single-family prope | | ding would be utiliz | ed, anywhere from 80 to 200 individuals | |
| e. What is the expe | ected benefit or outcome | of this proj | ect? What is the r | methodology by which this outcome will | |
| Roadway elevation of flooding to regula | ns and other infrastructure ar and emergency access, | elevation inc as well as m | reases are specific | c and measurable and will minimize impacts al, long-term infrastructure. | |
| _ | ggested penalties that th deliverables or performa | | | nsider in addition to its standard penaltione contract? | |
| Return state funds. | . For reimbursable grants, | no reimburse | ement without deliv | verables. | |
| 15. Requester Contact | Information | 7 | | | |
| a. First Name | Howard | Last Name | Tipton | | |
| b. Organization | Town of Longboat Key | | | | |
| c. E-mail Address | htipton@longboatkey.org | | | | |
| d. Phone Number | (941)316-1999 | Ext. | | | |
| 16. Recipient Contact I | nformation | | | | |
| a. Organization | Town of Longboat Key | | | | |
| b. Municipality and | County Manatee | | | | |
| c. Organization Typ | oe . | | | | |
| □For Profit Entity | | | | | |
| □Non Profit 501(c) |)(3) | | | | |
| □Non Profit 501(c) | 0(4) | | | | |
| ☑Local Entity | ((·) | | | | |
| □University or Coll | leae | | | | |
| □Other (please sp | _ | | | | |
| d. First Name | loogo | l act Name | Prownman | | |
| | ibrownman@longboatkov | | Brownman | | |
| | ibrownman@longboatkey.org | | | | |
| f. Phone Number | (941)316-1988 | | | | |

David E. Ramba

a. Name



12/01/2027

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| b. Firm Name | b. Firm Name Ramba Consulting Group LLC | | | | | | |
|------------------------|--|---------------|--|--|--|--|--|
| | c. E-mail Address rachel@rambaconsulting.com | | | | | | |
| | d. Phone Number (850)727-7087 | | | | | | |
| a. I none itamber | (666)/12/1/66/ | | | | | | |
| Please complete | e the questions below for Water Pi | roiects only. | | | | | |
| | | | | | | | |
| 18. Have you applied f | for alternative state funding? | | | | | | |
| ☐ Waste Water R | evolving Loan | | | | | | |
| □ Drinking Water | Revolving Loan | | | | | | |
| ☐ Small Commun | nity Wastewater Treatment Grant | | | | | | |
| ☐ Other (please s | specify) | | | | | | |
| ☑ N/A | | | | | | | |
| 19. What is the popula | ation economic status? | | | | | | |
| ☐ Financially Disa | advantaged Community (ch. 62-552, F.A.C) | | | | | | |
| ☐ Financially Disa | advantaged Municipality (ch. 62-552, F.A.C) | | | | | | |
| ☐ Rural Area of E | conomic Concern | | | | | | |
| ☐ Rural Area of C | Opportunity (s. 288.0656, Florida Statutes) | | | | | | |
| ☑ N/A | | | | | | | |
| 20. What is the status | of construction? | | | | | | |
| Not under constru | iction. | | | | | | |
| 21. What percentage of | of the construction has been completed? | | | | | | |
| 0 | | | | | | | |
| 22. What is the estima | ted completion date of construction? | | | | | | |