

The Florida Senate Local Funding Initiative Request

LFIR # 2120

| FISCAL | rear | 2024-2023 | |
|--------|------|-----------|--|
| | | | |

1. Project Title St. George Island Multi-Use Path Resurfacing Project Phase II - Franklin County

2. Senate Sponsor Corey Simon

3. Date of Request 12/01/2023

4. Project/Program Description

The St George Island Multi-Use path is in very poor condition and needs to be resurfaced. The FDEP funded the resurfacing of the path in the commercial district from 3rd to 3rd costing \$400,000.00. The next phase will be to resurface 3rd Street East to 11th Street East and 3rd Street West to 12th Street West.

Department of Transportation

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

| Type of Funding | Amount |
|-----------------------------|-----------|
| Operations | 0 |
| Fixed Capital Outlay | 1,200,000 |
| Total State Funds Requested | 1,200,000 |

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

| Type of Funding | Amount | Percentage |
|--|-----------|------------|
| Total State Funds Requested (from question #6) | 1,200,000 | 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 2024-2025 | 1,200,000 | 100% |

8. Has this project previously received state funding? No

| Fiscal Year | Amo | ount | Specific | Vetoed | |
|-------------|-----------|--------------|-----------------|--------|--|
| (уууу-уу) | Recurring | Nonrecurring | Appropriation # | | |
| | | | | | |

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?

No

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



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(2020) CARES funding totaling \$2,115,720 which was used for small business grants, purchasing an ambulance, message boards and public health and safety salaries. (2021) ARPA funding totaling \$2,355,139 which was used for loss of revenue.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

- 11. Status of Construction
 - a. What is the current phase of the project?

| 🔘 Planning | 📀 Design | Construction | 🔘 N/A | |
|-------------------|-------------------|-----------------------|--------|----------|
| b. Is the project | "shovel ready" (| (i.e permitted)? | | No |
| c. What is the es | stimated start da | te of construction? | | Not sure |
| d. What is the es | stimated comple | tion date of construc | ction? | Not sure |

12. List 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.

Franklin County Board of County Commissioners will be receiving the funding.

13. 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/Majo | r Renovation: | |
| Construction/Renovation/Land/ Planning Engineering | These funds will be used for costs associated with the resurfacing of the second phase of the St. George Island Multi-Use Path ,such as engineering design, milling, and resurfacing. | 1,200,000 |
| Total State Funds Requested (m | ust equal total from question #6) | 1,200,000 |

14. Program Performance

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

The specific goal is to create a safer travel and recreational experience for pedestrians, motorists, and bicyclists that visit St George Island.

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



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The county will over see all required activities and services relating to this project and ensure the completion of the project.

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

The citizens and visitors will be provided safer recreational transportation routes for vehicular and bicycle traffic on St George Island upon completion of this project.

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

The target population of pedestrians, motorists, and bicyclists that live and visit St George Island. St George Island has an average over 26,000 visitors per year.

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

The expected benefit and outcome of this project is to create a more safe recreational experience for citizens and visitors on St George Island. The methodology to measure this outcome will be the residents and visitors enjoyment of the completed project.

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 has no suggested penalties for the contracting agency to consider.

15. Requester Contact Information

| a. Fir | st Name | Ricky | | Last Name | Jones | | |
|-------------------------|-----------------------|---|---------------------------------|-----------|-------|--|--|
| b. Or | ganization | Franklin County Board of County Commissioners | | | | | |
| c. E-r | mail Address | ricky@fra | ricky@franklincountyflorida.com | | | | |
| d. Ph | one Number | (850)370 | -0478 | Ext. | | | |
| 16. Recip | pient Contact | Informatio | on | | | | |
| a. Or | ganization | Franklin (Commissi | County Board of oners | County | | | |
| b. Mı | inicipality and | d County | Franklin | | | | |
| c. Or | ganization Ty | ре | | | | | |
| □Fe | or Profit Entity | | | | | | |
| □N | on Profit 501(c | :)(3) | | | | | |
| □N | □Non Profit 501(c)(4) | | | | | | |
| ⊠Lo | ☑Local Entity | | | | | | |
| □University or College | | | | | | | |
| □Other (please specify) | | | | | | | |
| d. Fir | st Name | Michael | | Last Name | Moron | | |
| e. E-r | nail Address | ess michael@franklincountyflorida.com | | | | | |



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f. Phone Number (850)653-5373

Capital City Consulting LLC

17. Lobbyist Contact Information

a. Name

Ronald C. LaFace Jr.

b. Firm Name

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