

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

**LFIR # 2345** 

| 1. Project Title                           | Anna Maria - Th                                    | e Lake LaVista Cha                          | annel   |  |
|--|--|---|---|--|
| 0.00                                       | P. D. I  |   |   |  |
| 2. Senate Sponsor                          | Jim Boyd   |   |   |  |
| 3. Date of Request                         | 11/17/2023   |   |   |  |
| 4. Project/Program D                       | <b>Description</b>                                 |   |   |  |
| professionals to ide<br>Channel. The study | entify the most benef<br>www.will include a public | icial alternative for its charrette and mee | y completed by a third<br>the proposed future im<br>eting. The City of Anna<br>ends millions of dollars | iprovement project<br>Maria is focused o |
| 5. State Agency to re                      | eceive requested fu                                | inds Departm                                | ent of Environmental I  | Protection                               |
| State Agency cont                          | •  | •   |   |  |
|  |  |   |   |  |
| 6. Amount of the Non                       | recurring Request                                  | for Fiscal Year 20                          | )24-2025<br>  |  |
| Type of Funding                            |  |   | Amo   |  |
| Operations                                 |  |   |   | 207,450                                  |
| Fixed Capital Outla                        | у  |   |   | 0  |
| <b>Total State Funds</b>                   | Requested  |   |   | 207,450                                  |
| Type of Funding                            |  | ( (   | Amount  | Percentage                               |
|  | Requested (from que                                | estion #6)                                  | 207,450   | 90%                                      |
| Matching Funds                             |  |   | 0   | 00/                                      |
| Federal                                    | a amount of this roa                               | LOOT)                                       | 0   | 0%                                       |
| Local                                      | e amount of this requ                              | uest)                                       | 22.050  | 0%<br>10%                                |
| Other                                      |  |   | 23,050  | 0%                                       |
|  | o for Figure Voca 20                               | 224 2025                                    |   |  |
| Total Project Cost                         | s for Fiscal Year 20                               | 024-2025                                    | 230,500   | 100%                                     |
| 8. Has this project pr                     | reviously received                                 | state funding?                              | No  |  |
| Fiscal Year<br>(уууу-уу)                   | Ame<br>Recurring                                   | ount<br>Nonrecurring                        | Specific Appropriation #  | Vetoed                                   |
|  |  |   |   |  |
| 9. Is future funding li                    | ikely to be request                                | ed?   | Yes   |  |
| a. If yes, indicate r                      | nonrecurring amou                                  | ınt per year.                               | TBD   |  |
| b. Describe the so                         | ource of funding the                               | at can be used in I                         | ieu of state funding.   |  |
|  |  |   | at we will need. The cit  | tv will work to use                      |
| local funds for this                       | project that would co                              | over only a portion                         | of the total project cos  | t.                                       |
| 10 Has the entity rec                      | nupeting this proje                                | ct received any for                         | deral assistance rela   | ted to the COVID                         |
|  | Anesung uns brole                                  | ci received any teo                         | ueidi dəəiətdilce feld  | ted to the COVID-                        |
| No   |  |   |   |  |



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| Co  | omplete questions 11 and 12 for Fixed Capital Outlay Projects |  |
|-----|---|--|
| 11. | Status of Construction  |  |

| <ul><li>Planning</li></ul>                                | O Design          | Construction     | O N/A |      |
|---|-------------------|------------------|-------|------|
| b. Is the project "                                       | shovel ready" (i. | e permitted)?    |       | No   |
| c. What is the est  | imated start date | of construction? |       | 2025 |
| d. What is the estimated completion date of construction? |                   |                  | 2026  |      |

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

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.

| clationship between the owners of the facility and the charty. |  |  |  |
|--|--|--|--|
| City of Anna Maria.  |  |  |  |

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

a. What is the current phase of the project?

| Spending Category                                     | Description   | Amount  |
|---|---|---------|
| Administrative Costs:                                 |   |         |
| Executive Director/Project Head Salary and Benefits   |   | 0       |
| Other Salary and Benefits                             |   | 0       |
| Expense/Equipment/Travel/Supplies/<br>Other           |   | 0       |
| Consultants/Contracted<br>Services/Study              | The funds will be spent on qualified coastal engineering professionals to perform an evaluation study and conceptual design of the potential alternatives for the improvements to the LaVista Channel. The City of Anna Maria is interested in performing a feasibility study for potential modifications to the Lake LaVista Inlet to reduce maintenance dredging and improve environmental water quality. | 207,450 |
| Operational Costs: Other                              |   |         |
| Salary and Benefits                                   |   | 0       |
| Expense/Equipment/Travel/Supplies/<br>Other           |   | 0       |
| Consultants/Contracted<br>Services/Study              |   | 0       |
| Fixed Capital Construction/Majo                       | r Renovation:   |         |
| Construction/Renovation/Land/<br>Planning Engineering |   | 0       |
| Total State Funds Requested (m                        | ust equal total from question #6)   | 207,450 |

### 14. Program Performance

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



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The goal of the funding will be to allow the City of Anna Maria to perform an evaluation of alternatives to necessary improvements for the LaVista Channel. This would be evaluation and conceptual design for potential improvements to LaVista Channel within the City of Anna Maria and to outline the improvements to the LaVista Channel to minimize impacts to environmental water quality and mitigate coastal erosion, sediment transport, accretion, and other negative impacts to the coastal ecosystem.

| impacts to environ impacts to the coa |   | itigate coasta | al erosion, sediment transp | ort, accretion, and other negative           |
|---------------------------------------|---|----------------|-----------------------------|--|
|                                       | and services will be prov                           | ided to mee    | t the intended purpose o    | f these funds?                               |
| Recreational boat                     | access to City Pier Park ar                         | nd Anna Mar    | ia Island Historical Museun | n Park.                                      |
| c. What direct ser                    | vices will be provided to                           | citizens by t  | he appropriation project    | ?  |
| Recreational boat                     | access to City Pier Park ar                         | nd Anna Mar    | ia Island Historical Museun | n Park.                                      |
| d. Who is the targ                    | et population served by t                           | his project?   | How many individuals a      | re expected to be served?                    |
| Visitors and reside                   | ents of Anna Maria Island.                          |                |                             |  |
| e. What is the exp<br>be measured?    | pected benefit or outcome                           | of this proj   | ect? What is the methodo    | ology by which this outcome will             |
| City has the poter                    | ntial to save over \$200/yr in                      | dredging ex    | penses with the implement   | ation of a permanent solution.               |
|                                       | ggested penalties that the deliverables or performa |                |                             | n addition to its standard penalties<br>act? |
| Revocation of fun                     | ding.   |                |                             |  |
| 15. Requester Contac                  | t Information                                       |                |                             |  |
| a. First Name                         | LeAnne  | Last Name      | Addy                        |  |
| b. Organization                       | City of Anna Maria                                  |                |                             |  |
| c. E-mail Address                     | amclerk@annamaria.org                               |                |                             |  |
| d. Phone Number                       | (941)708-6130                                       | Ext.           |                             |  |
| 16. Recipient Contact                 | Information   |                |                             |  |
| a. Organization                       | City of Anna Maria                                  |                |                             |  |
| b. Municipality and                   | d County Manatee                                    |                |                             |  |
| c. Organization Ty                    | pe  |                |                             |  |
| □For Profit Entity                    |   |                |                             |  |
| □Non Profit 501(d                     | c)(3)   |                |                             |  |
| □Non Profit 501(d                     | c)(4)   |                |                             |  |
| ☑Local Entity                         |   |                |                             |  |
| □University or Co                     | ollege  |                |                             |  |
| □Other (please s <sub>l</sub>         | pecify)   |                |                             |  |
| d First Name                          | LeAnne  | l ast Name     | Addy                        |  |



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| e. E-mail Address              | amclerk@annamaria.org  |  |  |
|--------------------------------|--|--|--|
| f. Phone Number                | (941)708-6130  |  |  |
| 17. Lobbyist Contact I         | nformation   |  |  |
| a. Name                        | Bethany McAlister  |  |  |
| b. Firm Name Corcoran Partners |  |  |  |
| c. E-mail Address              | bethany@corcoranpartners.com   |  |  |
| d. Phone Number                | (813)527-0172  |  |  |
| •                              | e the questions below for Water Projects only for alternative state funding? |  |  |
| ☐ Waste Water R                | evolving Loan  |  |  |
| □ Drinking Water               | Revolving Loan   |  |  |
| ☐ Small Commun                 | ity Wastewater Treatment Grant   |  |  |
| ☐ Other (please s              | pecify)  |  |  |
| ☑ N/A                          |  |  |  |
| 19. What is the popula         | tion 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 ready.                     |  |  |  |
| 21. What percentage o          | of the construction has been completed?                                      |  |  |
| 0                              |  |  |  |
| 22. What is the estima         | ted completion date of construction?   |  |  |
| 01/01/2026                     |  |  |  |