

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

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

Crystal River Government Center Phase II

Blaise Ingoglia

12/27/2023

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

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	reconstruction of a r effects of Hurricane continuing at a temp	new City Hall and Er Idalia, during which Porary location. Sinc	nergency Óperatior City Hall (an appro e that time, staff ha	x. 19,000 sq. ft. facilit s modified to the scor	time, the City experions) was flooded, with be of the project to in	enced the devastating City operations aclude pre-construction	
	more critical than ev Department are prop	er. Due to repetitive cosed to be above the	e nature of flood occ he 100-year, 2070 p	the need for addition surrences, the replace projected coastal surg nd/or temporary activ	ement of both City Hage elevation. The fac	construction is now all and the Fire illity would consist of a	
5.	State Agency to red	ceive requested fu	nds Departme	ent of Commerce			
	State Agency conta	acted? No					
6.	Amount of the Non	recurring Request	for Fiscal Year 202	24-2025			
	Type of Funding			Amo	unt		
	Operations				0		
	Fixed Capital Outlay	<u>'</u>		10,000,000			
	Total State Funds I	Requested		10,000,000			
7.	Total Project Cost f	or Fiscal Year 2024	4-2025 (including r	matching funds avai	lable for this proje	ct)	
	-		- ==== (e.a.ag :	_		,	
	Type of Funding			Amount	Percentage	,	
	Type of Funding Total State Funds R			_		,	
	Type of Funding Total State Funds R Matching Funds			Amount 10,000,000	Percentage 83%	,	
	Type of Funding Total State Funds R Matching Funds Federal	equested (from que	stion #6)	Amount 10,000,000 0	Percentage 83% 0%	,	
	Type of Funding Total State Funds R Matching Funds Federal State (excluding the	equested (from que	stion #6)	Amount 10,000,000 0	Percentage 83% 0% 0%	,	
	Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local	equested (from que	stion #6)	0 2,000,000	Percentage 83% 0% 0% 17%		
	Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	equested (from que amount of this requ	stion #6)	Amount 10,000,000 0 2,000,000 0	Percentage 83% 0% 0% 17% 0%		
	Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local	equested (from que amount of this requ	stion #6)	0 2,000,000	Percentage 83% 0% 0% 17%		
	Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro	equested (from que amount of this requ	stion #6) est) 24-2025 state funding?	Amount 10,000,000 0 2,000,000 0 12,000,000 Yes Specific	Percentage 83% 0% 0% 17% 0%		
	Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro	equested (from que amount of this requ s for Fiscal Year 20 eviously received s	stion #6) est) 24-2025 state funding?	Amount 10,000,000 0 2,000,000 0 12,000,000 Yes	Percentage 83% 0% 0% 17% 0% 100%		
	Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro	equested (from que amount of this requested for Fiscal Year 20 eviously received s	stion #6) est) 24-2025 state funding?	Amount 10,000,000 0 2,000,000 0 12,000,000 Yes Specific Appropriation #	Percentage 83% 0% 0% 17% 0% 100%		

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



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No	
If yes, indic	cate the amount of funds received and what the funds were used for.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

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

O Planning		Construction	O N/A	
b. Is the project	No			
c. What is the es	January, 2025			
d. What is the es	stimated comple	tion date of constru	ction?	December, 2026

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.

City of Crystal River owns the substantially damaged facility and property.

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	The replacement of both City Hall(approx. 19,000 sq. ft.) and the Fire Department, proposed to be above the 100-year, 2070 projected coastal surge elevation. The facility would consist of a two-story building with the first floor only used for parking and/or temporary activities.	10,000,000
Total State Funds Requested (m	ust equal total from question #6)	10,000,000

- 14. Program Performance
 - a. What specific purpose or goal will be achieved by the funds requested?



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The Crystal River City Hall houses all of our essential services, including emergency management. City hall also houses the Citrus County Sheriff's Department's west side command. Elevating City hall out of the floodplain will be the number one priority listed in our pending vulnerability study. The goal of this project is to be shovel ready for construction so the City can obtain resiliency funds to elevate City Hall.

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

Phase II of the project would include demolition and reconstruction of existing facility. A new Crystal River Government Complex will assure uninterrupted municipal services including, Law Enforcement, Utility Services, Refuse Collection, Development Services, Zoning, Elections, Parks and Recreation and Public Works. These services are often interrupted preceding a storm event that necessitates the evacuation of City Hall and relocation of building contents and historic files.

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

Citizens will be able to have a one stop shop for all municipal services including Law Enforcement, Fire, Utility Services, Refuse Collection, Development Services, Zoning, Elections, Parks and Recreation, and Public Works.

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

Serves approximately 3,200 City residents with City Services, 75,000 County residents for law enforcement and nearly 1,000,000 tourists who visit the City annually.

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

This project will result in the ability of the City to withstand effects of sea level rise, including unprecedented weather patterns. Methodology of a successful outcome would be completion of the project based upon the proposed specifications.

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 City suggests that any contract be reimbursement based thus funds will only be disbursed upon successful completion of each of the project phases.

t Information			
Joe	Last Name	Meek	
City of Crystal Rive	ſ		
jmeek@crystalriver	fl.org		
(352)795-4216	Ext.		
Information			
City of Crystal Rive	r		
d County Citrus			
ре			
□For Profit Entity			
□Non Profit 501(c)(3)			
□Non Profit 501(c)(4)			
	City of Crystal River jmeek@crystalriver (352)795-4216 Information City of Crystal River d County Citrus pe	Joe Last Name City of Crystal River jmeek@crystalriverfl.org (352)795-4216 Ext. Information City of Crystal River d County Citrus pe	



17.

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□University or College					
□Other (please sp	□Other (please specify)				
d. First Name	Doug	Last Name	Baber		
e. E-mail Address	dbaber@crystalriverfl.org				
f. Phone Number	(352)212-6004				
Lobbyist Contact I	nformation				
a. Name	Laura E. Boehmer				
b. Firm Name	The Southern Group				
c. E-mail Address	boehmer@thesoutherngre	oup.com			
d. Phone Number	(850)671-4401				