



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3067

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Hurricane Ian's devastating impacts severely affected both properties, businesses and the vibrant Town of Fort Myers Beach. Therefore, the town's tax revenue has suffered a substantially and is projected to remain unstable for the foreseeable future. The town's revenue has plummeted by 42.4%.the town is requesting state funding to replace property tax revenue, which would support the town's ability to sustain operations and effectively rebuilding post disaster.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	7,547,805
Fixed Capital Outlay	0
Total State Funds Requested	7,547,805

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)	7,547,805	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	7,547,805	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?

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



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\$23,629.75 on April 7, 2021 used for Covid related expenses. ARPA funds – received \$3,553,556 to date. No funds have been spent as of yet, in pre-planning stages for expenditures.

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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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.

Town of Fort Myers Beach

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	General governmental services.	7,547,805
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		7,547,805

14. Program Performance

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

The town's revenue has plummeted by 42.4%. Therefore, the town is requesting state funding to replace property tax revenue, for FY 2023 and FY 2024, which would support the town's ability to operate and rebuild, not only for its residents, but also to recover the tourism industry, which is the greatest source of tax revenue.

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

The revenue replacement will provide critical funding for the town that was lost due to the recent natural disasters. Continuation of governmental services will be provided to both the residents and tourists to the island.



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

The revenue replacement will help ensure continuity of operations and funding for the town's operations and recovery efforts. Continuation of governmental services will be provided to the residents and tourists to the island. Funds will stabilize the local economy and provide revenue to rebuild the community post hurricanes Ian, Nicole and Idalia.

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

This revenue replacement is not only for Town residents and the local community, but aids in recovering the tourism industry, which is the greatest source of tax revenue. Prior to Hurricane Ian, about 6,000 full-time residents lived on the Island with approximately 60,000 seasonal residents and 1 million annual visitors.

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

The revenue replacement will help ensure continuity of operations and funding for the town's operations and recovery efforts including protecting the general public, improving transportation conditions, increasing economic activity and tourism, and enhancing individual's economic self-sufficiency. Specific benefit measures include allowing residents access to quickly receive assistance with permitting rebuild and government assistance, supporting the return of residents and tourists to the area, and expanding the staff capacity for the town. These benefit outcomes can be measured through the economic stability and continuity of services, traffic congestion monitoring, critical asset protection, tracking resident and tourist numbers, and measuring staff numbers increased.

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?

Reimbursement of funds to the state.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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**



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e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number