

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

**LFIR #3316** 

D. Describe the so	urce of funding the	at can be used i	n lieu of state funding.	
	nonrecurring amou		n liqu of state funding	
ū	kely to be request		No	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	
Fiscal Year		ount	Specific Appropriation #	Vetoed
las this project p	eviously received	state funding?	No	
Total Project Cost	s for Fiscal Year 2	024-2025	3,500,000	100%
Other			0	0%
ocal	s amount or time roop		0	0%
	e amount of this req	uest)	0	0% 0%
Matching Funds Federal				00/
	Requested (from que	estion #6)	3,500,000	100%
ype of Funding			Amount	Percentage
tal Project Cost	for Fiscal Year 202	24-2025 (includir	ng matching funds ava	ilable for this proj
otal State Funds	Requested			3,500,000
ixed Capital Outla				3,500,000
ype of Funding Operations			Amo	<b>unt</b> 0
	recurring Request	TOT FISCAL YEAR		
tate Agency cont				
ate Agency to re	eceive requested fu	unds Depar	tment of Commerce	
itical supplies and	l equipment pre-land ormation, and trainir	dfall of a storm. It	and/or Point of Distribution may also provide a suit and for emergency purpos	able venue for critic
oject/Program D	<u> </u>			
ate of Request	01/09/2024			
enate Sponsor	Ben Albritton			
oject Title	Event Plaza and	Activation Spac	e - Charlotte Sports Parl	(
			- Observation Osciette Devil	_

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



11. Status of Construction

14. Program Performance

activities and events.

Planning

a. What is the current phase of the project?

Design

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

Total State Funds Requested (must equal total from question #6)

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

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3,500,000

We received \$36,693,553. Full document can be provided but will be broken down by Economic Recovery, Public Health and Public Safety, and Intergovernmental Assistance, Contract Health and Human Services.

### Complete questions 11 and 12 for Fixed Capital Outlay Projects

Construction

	d. What is the estimated comple	tion date of construction? 02/2027					
12		o receive, directly or indirectly, any fixed capital outlay funding. Inc rs of the facility and the entity.	clude the				
	Charlotte County Community Se	ervices					
13.	Details on how the requested s	tate 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		(				
	xed Capital Construction/Major Renovation:						
	Construction/Renovation/Land/ Planning Engineering	Design, Permitting, and Construction of event plaza with stage, electrical and lighting.	3,500,000				

N/A

No

08/2024

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

The activation space can be utilized as a staging area and/or Point of Distribution (POD) after a disaster or staging of critical supplies and equipment pre-landfall of a storm. It may also provide a suitable venue for critical in-person communication, information, and training. When not used for emergency purposes, the venue is suitable for community



15.

16.

**f. Phone Number** (941)743-1276

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Design, permitting	and construction of the ev	ent / activatio	n space.			
c. What direct ser	vices will be provided to	citizens by t	he appropr	riation project?	?	
	s and equipment for a Poir disaster. Cultural, musical,					nd training pre-
d. Who is the targ	et population served by t	this project?	How many	/ individuals ar	e expected to be se	erved?
General residents	in Charlotte, Sarasota, De	soto counties	1			
e. What is the exp	ected benefit or outcome	of this proj	ect? What i	is the methodo	ology by which this	outcome will
be measured?						
disaster. Commun	pplies and equipment for a ication and information ser blies received and distribute	vices pre-disa	aster and po	ost-disaster. To	be measured by inve	ort post- entory of
f. What are the su	ggested penalties that th	e contracting	g agency m	nay consider ir	addition to its star	ndard penalties
for failing to meet	deliverables or performa	ance measur	es provide	d for the contr	act?	
Failure to meet de	liverables would lead to fo	rfeiture of the	remaining	balance and/or	reimbursement	
Requester Contact	Information					
a. First Name	Mike	Last Name	Koenig			
b. Organization	Charlotte County Commu	nity Services				
c. E-mail Address	Mike.Koenig@CharlotteC	ountyFL.gov				
d. Phone Number	(941)625-7529	Ext.				
Recipient Contact	Information					
a. Organization	Charlotte County Board of Commissioners	f County				
b. Municipality and	Charlotte					
c. Organization Ty	ре					
□For Profit Entity						
□Non Profit 501(c	s)(3)					
□Non Profit 501(c	3)(4)					
□Local Entity						
□University or Co	llege					
☑Other (please sp	pecify) Local Government					
d. First Name	Eve	Last Name	Sweeting			
. E-mail Address Eve.Sweeting@CharlotteCountyFL.gov						



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### 17. Lobbyist Contact Information

a. Name	Martha J. Edenfield
b. Firm Name	Dean Mead
c. E-mail Address	medenfield@deanmead.com
d. Phone Number	(850)999-4100