

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

LFIR # 3502

I. Project Title	Marco Island W	ater Quality Trea	tment Exfiltration Swale	S		
2. Senate Sponsor	Kathleen Passio	domo				
3. Date of Request	01/08/2024					
1. Project/Program D	escription					
waterways. Present	ly, nutrients and co	ntaminants from	ent of stormwater runoff roadways, fertilization, o in the runoff prior to dis	organics, and runoff	to the island's are conveyed directly t	
5. State Agency to re			tment of Environmental	-		
State Agency conta	acted? No					
. Amount of the Non	recurring Reques	t for Fiscal Year	2024-2025			
Type of Funding			Amo	ount		
Operations				180,000		
Fixed Capital Outlay	,			1,320,000		
Total State Funds				1,500,000		
Type of Funding			Amount	Percentage	_	
Total State Funds Requested (from question #6)			1,500,000	50%		
Matching Funds	equested (IIOIII qu		1,000,000	0070		
Federal			0	0%		
	State (excluding the amount of this request)			0%		
Local			1,500,000	50%		
Other				0%		
Total Project Costs	s for Fiscal Year 2	024-2025	3,000,000	100%		
B. Has this project pro		•	No			
Fiscal Year	Amount		Specific	Vetoed		
(уууу-уу)	Recurring	Nonrecurring	Appropriation #			
). Is future funding lil	kely to be request	ed?	Yes			
a. If yes, indicate nonrecurring amount per year.			1,500,000			
• .	•					
b. Describe the sou	urce of funding th	at can be used i	n lieu of state funding	•	1	
Local matching fun	ds					
Has the entity roa	upsting this proje	et received any	federal assistance rela	ated to the COVID-	10 nandemic?	
	acoming this proje	to received ally	icuciai assisialite fel	ateu to the COVID-	19 panu c inio (
Yes						
If yes, indicate the	amount of funds	received and wl	hat the funds were use	ed for.		



11. Status of Construction

Planning

a. What is the current phase of the project?

O Design

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

c. What is the estimated start date of construction?

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The City received CARES Act funding applied to emergency services operating costs; approx \$1M CARES funding for first responder wages and \$1.7M ARP funding for revenue loss.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

Construction

City of Marco Island 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	Professional engineering consulting services to prepare consplans and specifications	struction 180,00
Fixed Capital Construction/Major	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Swale and french drain construction including interconnecting	g piping 1,320,00
Total State Funds Requested (m	ust equal total from question #6)	1,500,00

N/A

No

07/01/2024

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

construction of exfiltration swales to remove nutrients from surface water runoff

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



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Improvement of w	ater qualit	y in surrounding	waterways				
d. Who is the targ	d. Who is the target population served by this project? How many individuals are expected to be served?						ed?
	general population						
e. What is the exp be measured?	e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome be measured?						
improved water question waterways thereby	improved water quality by capturing contaminants and nutrients in surface water runoff prior to discharging to the waterways thereby reducing the nutrient loading into the waterways.						
f. What are the su for failing to meet						addition to its standact?	ard penaltio
Agency can draw work will be phase		erformance bond	d to complete	the work in ca	ase the contra	actor fails to meet deliv	erables. The
15. Requester Contact	t Informat	ion					
a. First Name	Justin		Last Name	Martin			
b. Organization City of Marco Island							
c. E-mail Address	jmartin@	cityofmarcoisland	d.com				
d. Phone Number	(239)389	-5184	Ext.				
16. Recipient Contact	Information	on					
a. Organization	City of M	arco Island					
b. Municipality and	d County	Collier					
c. Organization Ty	pe						
□For Profit Entity							
□Non Profit 501(c)(3)							
□Non Profit 501(d	c)(4)						
☑Local Entity							
□University or Co	llege						
□Other (please sp	pecify)						
d. First Name	Justin		Last Name	Martin			
e. E-mail Address	jmartin@	cityofmarcoisland	d.com				
f. Phone Number	(239)389-5184						
17. Lobbyist Contact I	nformatio	n					
a. Name	a. Name Ronald L. Book						
b. Firm Name	Ronald L	Book PA					



12/31/2025

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	c. E-mail Address ro	on@rlbookpa.com					
	d. Phone Number (3	305)935-1866					
ΡI	Please complete the questions below for Water Projects only.						
18.	. Have you applied for	alternative state funding?					
	☐ Waste Water Revolving Loan						
	☐ Drinking Water Revolving Loan						
	☐ Small Community Wastewater Treatment Grant						
	☐ Other (please specify)						
	☑ N/A						
19.	. What is the populatio	on economic status?					
	☐ Financially Disadv	vantaged Community (ch. 62-552, F.A.C)					
	☐ Financially Disadvantaged Municipality (ch. 62-552, F.A.C)						
	☐ Rural Area of Ecor	nomic Concern					
	☐ Rural Area of Opp	portunity (s. 288.0656, Florida Statutes)					
	☑ N/A						
20.	. What is the status of	construction?					
	planning stage						
21.	. What percentage of the	t percentage of the construction has been completed?					
	0						
22.	. What is the estimated	d completion date of construction?					