

1. Project Title

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

Kings Bay Restoration Project

**LFIR # 3589** 

-					
2. Senate Sponsor	Blaise Ingoglia				
3. Date of Request	01/04/2024				
4. Project/Program De	escription				
, ,	<u> </u>				
differences in restore wildlife. As a result, velocities elegrass. Our goal is proposing to create a barrier islands within Attenuating Devices	a more robust restoration  Kings Bay. This would  to prevent further eros  d also protecting shore	reas regarding the state of the	he water clarity, oxyges to have the manate acuum removal of algorization as shoreline resign the marsh and eelgorication and restoration	en levels, and habit ee thriving as a resu pae (Lyngbya), then storation pilot projec grass as well as usin is extremely impor	tat for fish and other alt of a surplus of plant eelgrass. We are at around one of the ng WADs (Wave tant in protecting the
5. State Agency to rec	caiva raquastad funds	Departme	ent of Environmental I	Protection	
•	•	Dopartino	on continuoninentari	TOLCOLION	
State Agency conta	cted? No				
6. Amount of the Nonr	ecurring Poguest for	Fiscal Voor 201	24-2025		
	ecurring Nequest for	i iscai Teai 202		unt	
Type of Funding			Amo		
Operations  Fixed Capital Outlay	,			5,000,000	
Fixed Capital Outlay				J	
Total State Funds F	requesteu			5,000,000	
7. Total Project Cost fo	or Fiscal Vear 2024-20	125 (including r	matching funds avai	lable for this proje	act)
•	51 1 100u1 10u1 2024 20				,,,,
Type of Funding			Amount	Percentage	
	equested (from questio	n #6)	5,000,000	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	5,000,000	100%	
Total Floject Costs	101 1 13Cai 1 Cai 2024-		0,000,000	.00,0	
8. Has this project pre		e funding?	Yes	19079	
8. Has this project pre	eviously received state		Yes		
8. Has this project pre	eviously received state		Yes Specific	Vetoed	
8. Has this project pre	eviously received state  Amount  Recurring	onrecurring	Yes Specific Appropriation #	Vetoed	
8. Has this project pre	eviously received state		Yes Specific		
8. Has this project pre	Amount Recurring 0	onrecurring	Yes Specific Appropriation #	Vetoed	
8. Has this project pre  Fiscal Year (уууу-уу)  2023-24  9. Is future funding like	Amount Recurring 0	onrecurring 0	Specific Appropriation #	Vetoed	
8. Has this project pre  Fiscal Year (уууу-уу) 2023-24  9. Is future funding like a. If yes, indicate no	Amount Recurring 0  xely to be requested? onrecurring amount p	onrecurring 0 er year.	Yes  Specific Appropriation #  2,000,000  Yes  4,000,000	Vetoed	
8. Has this project pre  Fiscal Year (уууу-уу) 2023-24  9. Is future funding like a. If yes, indicate no	Amount Recurring 0  kely to be requested?	onrecurring 0 er year.	Yes  Specific Appropriation #  2,000,000  Yes  4,000,000	Vetoed	
8. Has this project pre  Fiscal Year (уууу-уу) 2023-24  9. Is future funding like a. If yes, indicate no	Amount Recurring 0  xely to be requested? onrecurring amount p	onrecurring 0 er year.	Yes  Specific Appropriation #  2,000,000  Yes  4,000,000	Vetoed	



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, , , , , , , , , , , , , , , , , , , ,	oject received any federal	assistance related to the	ne COVID-19 pand	enne ?
No				
If yes, indicate the amount of fund	ds received and what the	funds were used for.		
omplete questions 11 an	d 12 for Fixed Can	ital Outlay Proje	cts	
•	a iz ioi i ixoa oap	nuar Cumay 1 10,0		
. Status of Construction				
a. What is the current phase of the	e project?			
O Planning O Design		A		
b. Is the project "shovel ready" (i.	e permitted)?	Yes		
c. What is the estimated start date	e of construction?	ongoing phase 5		
d. What is the estimated completion	on date of construction?	2028		
List the owners of the facility to	receive, directly or indire	ctly, any fixed capital o	utlay funding. Inclu	ide the
relationship between the owners	s of the facility and the en	tity.		
Save Crystal River, inc.				
Save Crystal River, inc.  Details on how the requested sta	te funds will be expended			
Details on how the requested sta	te funds will be expended	Description		Amount
Details on how the requested sta  Spending Category  Administrative Costs:	te funds will be expended			Amount
Details on how the requested sta	te funds will be expended			Amount
Details on how the requested statement   Spending Category Administrative Costs:  Executive Director/Project Head	te funds will be expended			Amount
Spending Category Administrative Costs: Executive Director/Project Head Salary and Benefits	te funds will be expended			Amount
Spending Category  Administrative Costs:  Executive Director/Project Head Salary and Benefits  Other Salary and Benefits  Expense/Equipment/Travel/Supplies/Other  Consultants/Contracted Services/Study	Contract management, Project Administ relates to the DEP contract national contract to the mediagencies, citizens, other states to the mediagencies, citizens, other states to the mediagencies, citizens, other states to the mediagencies and the project to the project to the project to the mediagencies and the project to	Description  ect Administration, Account and included oversigher requirements. Public In to supplying and directing dia, local government official.	nt of the project as formation information	(
Spending Category  Administrative Costs: Executive Director/Project Head Salary and Benefits Other Salary and Benefits  Expense/Equipment/Travel/Supplies/Other Consultants/Contracted Services/Study	Contract management, Proj Information. Project Administ t relates to the DEP contract included, but is not limited, the boot the project to the med	Description  ect Administration, Account and included oversigher requirements. Public In to supplying and directing dia, local government official.	nt of the project as formation information	(
Spending Category  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	Contract management, Proj Information. Project Administ t relates to the DEP contract included, but is not limited, the boot the project to the med	Description  ect Administration, Account and included oversigher requirements. Public In to supplying and directing dia, local government official.	nt of the project as formation information	(
Spending Category  Administrative Costs: Executive Director/Project Head Salary and Benefits Other Salary and Benefits  Expense/Equipment/Travel/Supplies/Other Consultants/Contracted Services/Study	Contract management, Proj Information. Project Administ t relates to the DEP contract included, but is not limited, the boot the project to the med	Description  ect Administration, Account and included oversigher requirements. Public In to supplying and directing dia, local government official.	nt of the project as formation information	Amount () () () () () () () () () () () () ()

Fixed Capital Construction/Major Renovation:

Construction/Renovation/Land/ Planning Engineering



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Total State Funds Requested (must equal total from	question #6)	5,000,000

### 14. Program Performance

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

These funds will restore a critical habitat that is designated as an Outstanding Florida Waterway. This project will also help local governments and agencies to meet a variety water quality improvement mandate (SWIM plans, BMAP plans, Comp plans, etc.) through the reduction of phosphorus and nitrogen. The addition of shoreline protection will contribute to preventing further erosion and contribute to the wildlife habitat protection.

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

The vacuum removal services, planting SAV, cages, monitoring, and maintenance will be provided by the same contractor that started our project. This also includes any land lease costs, mobilization and demobilization performed by the same contractor. Additional services are provided by an independent biologist to confirm standards met by contractor as well as perform project evaluation study to compare pre versus post restoration.

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

The tourism industry is one of the largest economic drivers in the region. The loss of Water Quality (clarity) associated with current conditions and degrading habitat conditions could potentially cause a collapse of this economy. Improvements proposed by this project will help to improve and maintain conditions for which residents, local, regional, national, international tourists come to expect.

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

The citizens and the economy of the State of Florida, Citrus County, and the City of Crystal River, as well as the 350,000 local, national and international visitors per year that visit Kings Bay and the Crystal River waters.

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

The expected outcome is overall improvement in the water quality leading to thriving aquatic flora and fauna communities, including the West Indian manatees in Kings Bay. The methodology being utilized by the independent biologist to measure successful outcome in the post restoration versus pre restoration areas are through core sampling (pre and post de-mucking), macroinvertebrate sampling, fish sampling, SAV surveys and field water chemistry.

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?

	None at this time							
15.	Requester Contact	Informati	on	_			_	
	a. First Name	Lisa		Last Name	Moore			
	b. Organization	Save Cry	stal River, Inc.					
	c. E-mail Address	lisa@gulf	atlanticequipmer	nt.com				
	d. Phone Number	(352)302	-1004	Ext.				
16.	16. Recipient Contact Information							
	a. Organization	Save Cry	stal River, Inc.					
	b. Municipality and	l County	Citrus					



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□For Profit Entity	□For Profit Entity			
☑Non Profit 501(c	☑Non Profit 501(c)(3)			
□Non Profit 501(c	□Non Profit 501(c)(4)			
□Local Entity				
□University or Co	llege			
□Other (please sp	pecify)			
d. First Name	Lisa Last Name Moore			
e. E-mail Address	lisa@gulfatlanticequipment.com			
f. Phone Number	(352)302-1004			
17. Lobbyist Contact I	nformation			
a. Name	None			
b. Firm Name				
c. E-mail Address				
d. Phone Number				
•	e the questions below for Water Projects only for alternative state funding?			
□ Waste Water R	evolving Loan			
□ Drinking Water	☐ Drinking Water Revolving Loan			
☐ Small Commun	□ Small Community Wastewater Treatment Grant			
☑ Other (please s	☑ Other (please specify) Springs Funding			
□ 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	pportunity (s. 288.0656, Florida Statutes)			
☑ N/A				



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	Ongoing in phase 5
21. \	What percentage of the construction has been completed?
	67%
22. \	What is the estimated completion date of construction?
	2028