

1. Project Title

2. Senate Sponsor

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

Treasure Island Kingfish Park Stabilization and Hardening

Nick DiCeglie

LFIR # 3673

3. Date of Request	01/22/2024				
4. Project/Program De	escription				
was constructed using years, the concrete and energy from underm structure was under the park, including a pavilion, benches, ra	ng the original conc and other structural ining the structural mined to the extent hardened seawall ailings, and a fish clo	rete bridge abutn components of tl base of the City-o that the park is n around the perim eaning station wit	e original concrete John' nent as the structural for he old bridge have degra owned park. During the o longer safe for public eter. The project will sta th potable water. The re awareness of the City's	undation component aded and are no lon most recent hurricar use. This funding re bilize the park to ac constructed Kingfish	nger preventing wave ne (Idalia), the existing equest is to reconstruct commodate a lighted
5. State Agency to red	eive requested fu	nds Depart	ment of Environmental	Protection	
State Agency conta	cted? No		2024-2025		
Type of Funding			Amo	unt	
Operations				0	
Fixed Capital Outlay				800,000	
Total State Funds F	Requested			800,000	
•	or Fiscal Year 202	4-2025 (includin	g matching funds avai		ct)
Type of Funding	. 1/	.: "0)	Amount	Percentage	
Total State Funds R	equested (from que	stion #6)	800,000	62%	
Matching Funds			0	00/	
	Federal State (excluding the amount of this request)			0%	
	amount of this requ	iest)	500,000	0% 38%	
Local			500,000	0%	
Other					
Total Project Costs	for Fiscal Year 20	24-2025	1,300,000	100%	
8. Has this project pre	eviously received	state funding?	No		
Fiscal Year (уууу-уу)	Amo Recurring	ount Nonrecurring	Specific Appropriation #	Vetoed	
9. Is future funding lik			No		
a. If yes, indicate n	onrecurring amou	nt per year.			
b. Describe the sou	irce of funding tha	t can be used ir	n lieu of state funding.		
10. Has the entity requ	uesting this projec	ct received any f	ederal assistance rela	ted to the COVID-1	9 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?

Planning	Design	Construction	O N/A	
b. Is the project "shovel ready" (i.e permitted)?				No
c. What is the est	October 1, 2024			
d. What is the es	October 1, 2025			

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 Treasur	baclel o	ic tha	colo ow	nor of	thic f	cility
City of Treasur	e isianu	is the	Sole ow	nei oi	นบราล	aciiilv.

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	Contractor to perform demolition and construction	800,000		
Total State Funds Requested (must equal total from question #6)				

14. Program Performance

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

The Treasure Island community has used this waterfront park for fishing and sightseeing since the early 1960's. The City will use 100% of the requested funds to reconstruct the park, providing stabilization and hardening following the severe damages caused by Hurricane Idalia. The City has self-funded the design, which is currently underway.

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



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The funds will only be used for the demolition of the existing damaged bridge components, reconstruction of the seawall, installation of potable water infrastructure for a fish cleaning area, electrical infrastructure for lighting, construction of a new foundation and concrete slab, a masonry wall for an environmental education mural, as well as benches and a pavilion to provide a covered area for sightseeing.

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

The park which has been closed for safety since Hurricane Idalia will be reopened to the public to provide an inviting recreational facility with additional amenities for those that fish and wish to take in the sights along Johns Pass.

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

The targeted population is the residents of the City, approximately 6,558 as of 2022 estimation. However, the City has a large tourist population that will increase to over 15,000 during winter months.

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

The expected benefit for this project is to have a safe recreational and educational area for the residents and tourist. The outcome will be the successful completion of the project.

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 of Treasure Island is diligent in ensuring that all project deliverables are met within required time frames. If an issue is anticipated, the City will coordinate with the Department in advance to make any necessary adjustments.

a. First Name	15. Requester Contact	Informati	ion	_				
c. E-mail Address ADavis@mytreasureisland.org d. Phone Number (727)547-4575 Ext. 227 16. Recipient Contact Information a. Organization City of Treasure Island b. Municipality and County Pinellas c. Organization Type □For Profit Entity □Non Profit 501(c)(3) □Non Profit 501(c)(4) □Local Entity □University or College	a. First Name	Amy		Last Name	Davis			
d. Phone Number (727)547-4575 Ext. 227 16. Recipient Contact Information a. Organization City of Treasure Island b. Municipality and County Pinellas c. Organization Type □For Profit Entity □Non Profit 501(c)(3) □Non Profit 501(c)(4) □Local Entity □University or College	b. Organization	City of Tr	City of Treasure Island					
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□University or College	□Non Profit 501(c)(4)							
	☑Local Entity							
□Other (please specify)	□University or Co	llege						
	☐Other (please sp	pecify)						
d. First Name Mike Last Name Helfrich	d. First Name	Mike		Last Name	Helfrich			
e. E-mail Address MHelfrich@mytreasureisland.org	_							



10/01/2025

The Florida Senate **Local Funding Initiative Request**

Fiscal Year 2024-2025

LFIR #3673

f. Phone Number (727)547-4575 17. Lobbyist Contact Information a. Name **RJ Myers** b. Firm Name Shumaker Advisors Florida, LLC **c. E-mail Address** rmyers@shumakeradvisors.com **d. Phone Number** (850)933-0883 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 population economic status? ☐ Financially Disadvantaged Community (ch. 62-552, F.A.C) ☐ Financially Disadvantaged Municipality (ch. 62-552, F.A.C) ☐ Rural Area of Economic Concern ☐ Rural Area of Opportunity (s. 288.0656, Florida Statutes) ☑ N/A 20. What is the status of construction? Has not started 21. What percentage of the construction has been completed? 0% 22. What is the estimated completion date of construction?