



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1164

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Midnight Pass Monitoring and Maintenance, Phase II. Continued study, planning, regulatory coordination, and preliminary engineering necessary to ensure that Midnight Pass remains open.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	500,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2026-2027	1,000,000	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	500,000	3319	No

9. Is future-year 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.

Potential use of West Coast Inland Navigation District (special district) Waterway Development Program funds and/or RESTORE Act Direct Component funds.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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10. 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)?

No

c. What is the estimated start date of construction?

09/01/2026

d. What is the estimated completion date of construction?

12/30/2030

e. What funding stream will be used for ongoing operations and maintenance of the project?

Undetermined

11. 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.

Matthew R. Osterhoudt
Director, Sarasota County Planning and Development Services

12. 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		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Professional coastal engineering services	500,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		500,000

13. Program Performance

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

The restored tidal connection between the Gulf and Little Sarasota Bay has altered the water quality of the bay. Funding will support continued study, planning, regulatory coordination, and preliminary engineering necessary to ensure that Midnight Pass remains open.

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

Continued study, planning, regulatory coordination, and preliminary engineering necessary to ensure that Midnight Pass remains open.



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

The change in water quality is believed to have improved water quality in Little Sarasota Bay which will have a positive impact on fisheries, shellfish, and seagrasses. It is further believed that the improved marine and estuarine ecosystems within the bay will boost economic and tourism activity in this part of Sarasota County through increased tourism, boating, related retail/commercial activities and property values.

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

All of Sarasota County and any visitors to the Little Sarasota Bay area.

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

Ecosystem monitoring, tax receipts, permit applications and property appraiser valuations.

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 in the contract?

Performance bond, contract retainage and liquidated damages. In severe cases of failure, vendors may be placed on a no-bid prohibition for related contracting.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

a. If Yes, what phase best describes the project?

- ☐ Mitigation (reducing or eliminating potential loss of life or property)
- ☒ Response (addressing the immediate and short-term effects of a natural disaster)
- ☐ Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

2024 hurricanes Helene and Milton

15. Has the entity applied for or received federal assistance for this project?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☒ No
- ☐ No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- ☐ Yes, Applied
- ☐ Yes, Received



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☒ No

☐ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name Last Name
b. Organization
c. E-mail Address
d. Phone Number Ext.

18. 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
e. E-mail Address
f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name
b. Firm Name
c. E-mail Address
d. Phone Number



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The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.