



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1178

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Remove and replace approximately 6,400 sq. ft. of wood decking with composite decking. Using composite decking will increase the life span of the pier.

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                          | 0              |
| Fixed Capital Outlay               | 150,000        |
| <b>Total State Funds Requested</b> | <b>150,000</b> |

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)       | 150,000        | 50%         |
| <b>Matching Funds</b>                                |                |             |
| Federal                                              | 0              | 0%          |
| State (excluding the amount of this request)         | 0              | 0%          |
| Local                                                | 0              | 0%          |
| Other                                                | 150,000        | 50%         |
| <b>Total Project Costs for Fiscal Year 2026-2027</b> | <b>300,000</b> | <b>100%</b> |

8. Has this project previously received state funding?

If yes, provide the most recent instance:

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
|                          |           |              |                             |        |

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.

## Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



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**a. What is the current phase of the project?**

☒ Planning ☐ Design ☐ Construction ☐ N/A

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

Yes

**c. What is the estimated start date of construction?**

12/1/2026

**d. What is the estimated completion date of construction?**

3/31/2027

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

Funding for maintenance and repair will be budgeted in the Parks & Recreation Department Operating Budget.

**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.**

City of Melbourne

**12. Details on how the requested state funds will be expended**

| Spending Category                                                      | Description                                                                                          | Amount         |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------|
| <b>Administrative Costs:</b>                                           |                                                                                                      |                |
| Executive Director/Project Head Salary and Benefits                    |                                                                                                      | 0              |
| Other Salary and Benefits                                              |                                                                                                      | 0              |
| Expense/Equipment/Travel/Supplies/Other                                |                                                                                                      | 0              |
| Consultants/Contracted Services/Study                                  |                                                                                                      | 0              |
| <b>Operational Costs</b>                                               |                                                                                                      |                |
| Salary and Benefits                                                    |                                                                                                      | 0              |
| Expense/Equipment/Travel/Supplies/Other                                |                                                                                                      | 0              |
| Consultants/Contracted Services/Study                                  |                                                                                                      | 0              |
| <b>Fixed Capital Construction/Major Renovation:</b>                    |                                                                                                      |                |
| Construction/Renovation/Land/Planning Engineering                      | Remove and replace all decking planks on the pier with composite decking and stainless steel screws. | 150,000        |
| <b>Total State Funds Requested (must equal total from question #6)</b> |                                                                                                      | <b>150,000</b> |

**13. Program Performance**

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

New pier decking will assure the safety of visitors, enhance the appearance of the pier and allow boaters, fishing and other water activities involving the pier to be utilized safely.

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

Fishing, boating, scenic views, serenity and safety of all users.

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

The decking on the pier is deteriorating making it unsafe for its users.

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



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Citizens of the City of Melbourne and Brevard County.

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

Enjoyment by all that use the pier.

**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?**

City of Melbourne contracts include a liquidated damages provision in the amount of \$500 per day. This penalty is enforced when a contractor fails to complete the project within the contract time limits. If requested, this amount can be increased or decreased based upon State of Florida guidelines.

**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):**

**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
- ☐ No
- ☐ No, but intends to apply

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



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#### 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

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