Local Support Grant Request - Fiscal Year 2022-23

For projects meeting the definition of House Rule 5.14

Only Members of the Florida House of Representatives can officially submit a Local Support Grant Request

Your request will not be officially submitted unless all questions and applicable sub parts are answered. The information
provided in the request will be posted on the House website and available for public review.

1.	Title	of Project:	22-040 Gulf Shore Boulevard North Outlot "E" Seawall Replacement - ITB				
2.	Date	e of Submission:	07/12/2022				
3.	Hou	se Member Sponsor:	Rep. Rommel				
4.	Details of Amount Requested:						
	a.	Has funding been pro	vided in a previous State budget for this activity? O Yes O No				
	b.	What is the most rece	ent fiscal year the project was funded? 2022-2023				
	c.	Were the funds provi	ded in the most recent fiscal year subsequently vetoed? OYes ONo	If vetoed, check if recurring and/or nonrecurring			
	d.	Complete the following	ng Project Request Worksheet to develop your request.	funds: Recurring Nonrecurring			

FY:	Input Appropriation for this project for FY 2022-23 (If appropriated in FY 2022-23 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2022-23 Local Support Grants (Requests for additional RECURRING funds in Column E are prohibited.)		
Column:	Α	В	С	D	E	F
Funds Desciption	Recurring Funds	Nonrecurring Funds	Total Funds Appropriated	Recurring Base Budget	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds
Input Amounts		750,000	0	0		0

The Florida House of Representatives Local Support Grant Request - Fiscal Year 2022-23

e. Provide the total cost of the project for FY 2022-23 from all sources of funding (Enter "0" if amount is zero):

	Type of Funding	Amount	% of Total		sources of funds ed in writing?
1.	Amount Requested from the State in this Local Support Grant Request	0	%		
2.	Federal	0	%	O Yes	O No
3.	State (Excluding the requested Total Amount in #4d, Col F)	0	%	O Yes	O No
4.	Local	750,000	%	O Yes	No
5.	Other	0	%	O Yes	O No
	TOTAL	0	%		

5.	Is th	is a multi-year project requiring funding from the state for more than one year?	Yes No
	a.	How much state funding would be requested after 2022-23 over the next 5 years?	<click select="" to=""></click>
	b.	How many additional years of state support do you expect to need for this project?	<click select="" to=""></click>

c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select "ongoing activity".

<click select="" to=""></click>	
---------------------------------	--

6.	Wh	ich is the most appropriate state agency to place an appropriation for the issue requested?								
		Department of Er	Department of Environmental Protection Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? O Yes O No							
	a.	Has the approp								
	b.	Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated. 500 maximum characters allowed								
7.	Red	uester:								
,.		First Name:	Jay		Last Name:	Boodheshwar				
	b.	b. Organization: City of Naples								
	c.	Email:	jboodheshwar@naplesgov.com							
	d.	Phone #:								
8.	Cor	ntact for questio	ns about specific technica	l or financia	al details abo	ut the project.				
	a.	First Name:	Brad		Last Name:	Hefner				
	b.	Organization:	City of Naples		-					
	c.	Email:	bhefner@naplesgov.com							
	d.	Phone #:								
9.	If th	nere is a register	ed lobbyist working to sec	cure funding	g for this proj	ect, fill out the inform	ation below. If r	not, click None		
	a.	First Name:	Lisa		Last Name:	Hurley				
	b.	Firm:	Smith, Bryan & Myers		-					
	c.	Email:	Ihurley@smithbryanandr	nyers.com						
	d.	Phone #:							Dago 2 of 11	

Orga	nization o	r Name of entity receiving funds:
a.	Name:	City of Naples
b	County	(County where funds are to be expended) Collier
C.	Service	Area (Counties being served by the service(s) provided with funding)
	Collier	
Lo	ocal Governr	rganization is the entity that will receive the funds? ment ease describe:
Wha	t is the spe	ecific purpose or goal that will be achieved by the funds being requested?
Ir	nproves pub	lic roadway and sidewalk safety. Water quality improvement and increases surface area for marine growth attachment by almost 200%.
	a. b. c. What	a. Name: b. County c. Service Collier What type of or Local Government If other, ple

Local Support Grant Request - Fiscal Year 2022-23

13. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description		
Administrative Costs		(Total should equal 4d, Col. E) Enter '0' if request is zero for the category	
Executive Director/Project Head Salary and Benefits			
Other Salary and Benefits			
Expense/Equipment/ Travel/Supplies/Other			
Consultants/ Contracted Services/ Study			
Operational Costs			
Salaries and Benefits			
Expenses/Equipment/ Travel/Supplies/Other			
Consultants/ Contracted Services/ Study			
Fixed Capital Construction/M	ajor Renovation		
Construction/Renovation/ Land/Planning Engineering	Construction	750,000	
Total Requested		0	

14.	For Fixed Capital Costs requested in Question 13, what type of ownership will the facility be under when complete?							
	Local Government (e.g. police, fire or local government buildings, local roads, etc.)							
	If other, please describe:							
	100 maximum characters allowed							
15.	Is the project request an information technology project? O Yes O No Water projects skip to #16							
	a. Will this information technology project be managed within a state agency to support state agency program goals? O Yes O No							
	b. What is the total cost (all years) to design and build the project?							
	c. What are the ongoing (annual recurring) maintenance and operation costs once the project is completed?							
	d. Can the state agency fund the ongoing annual recurring costs within its current operating budget? OYes ONo							
	e. What are the specific business objectives or needs the IT project is intended to address?							
	400 maximum characters allowed							
	Based upon the identified business objectives or needs, what are the success factors that must be realized in order for the state agency to consider the proposed IT project a success?							
	100 maximum characters allowed							
16.	Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing or other expressions of support? • Yes ONO Please describe:							
	Please refer to City Council Minutes 10.D from the 11-15-2021 City Council Regular Meeting. Link provided: https://naples.granicus.com/MinutesViewer.php?view_id=14&clip_id=4133&doc_id=cd071000-7d1f-11ec-b1e1-0050569183fa							
17.	Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served? O Yes O No Please describe:							
	400 maximum characters allowed							

400 maximum characters allowed							
Describe the direct services to be provided to the	citizens by the funding requested.						
400 maximum characters allowed							
Describe the target population to be served (i.e., " or groups"). Select all that apply to the target pop	the majority of the funds requested will serve these target populations ulation:						
☐ Elderly persons	□ Drug users (in health services)						
Persons with poor mental health	☐ Preschool students						
Persons with poor physical health	☐ Grade school students						
Persons with poor physical health Jobless persons	☐ Grade school students☐ High school students						
☐ Jobless persons	☐ High school students						
☐ Jobless persons ☐ Economically disadvantaged persons	☐ High school students☐ University/College students						
☐ Jobless persons☐ Economically disadvantaged persons☐ At-risk youth	☐ High school students☐ University/College students☐ Currently or formerly incarcerated persons						
☐ Jobless persons ☐ Economically disadvantaged persons ☐ At-risk youth ☐ Homeless	 ☐ High school students ☐ University/College students ☐ Currently or formerly incarcerated persons ☐ Drug offenders (in criminal Justice) 						
☐ Jobless persons ☐ Economically disadvantaged persons ☐ At-risk youth ☐ Homeless ☐ Developmentally disabled	 ☐ High school students ☐ University/College students ☐ Currently or formerly incarcerated persons ☐ Drug offenders (in criminal Justice) ☐ Victims of crime 						

Local Support Grant Request - Fiscal Year 2022-23

19. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies):

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit or outcome
Improve physical health		
Improve mental health		
Enrich cultural experience		
Improve agricultural production/ promotion/education		
Improve quality of education		
Enhance/preserve/improve environmental or fish and wildlife quality	Reduces filling and landfill or adverse impacts from recycling. Increases surface area for marine growth attachment for almost 200%. Preserves established marine organisms on existing seawall panels, minimizing impacts to decades of healthy growth.	Leaving seawall panels in place significantly reducing quantities of material to be disposed of, minimizing trucking and disposal costs.
Protect the general public from harm (environmental, criminal, etc.)	Assist City with replacement of failed section of seawall; over 40 years old.	Leaving seawall panels in place significantly reducing quantities of material to be disposed of, minimizing trucking and disposal costs.

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit or outcome
Improve transportation conditions		
Increase or improve economic activity		
Increase tourism		
Create specific immediate job opportunities		
Enhance specific individual's economic self sufficiency		
k		
Reduce substance abuse		

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit or outcome
Divert from Criminal/ Juvenile Justice System		
Improve wastewater management		
Improve stormwater management		
Improve groundwater quality		
Improve drinking water quality		
Improve surface water quality		
Other (Please describe)		

Local Support Grant Request - Fiscal Year 2022-23

The questions below are additional questions for water projects only

20.	Have you applied for alternative state funding?		
	a. O Wastewater Revolving Loan		
	b. O Drinking Water Revolving Loan		
	c. O Small Community Wastewater Treatment Grant		
	d. O Other (Please describe)		
	e. O N/A		
21.	What is the population economic status?		
	a. O Financially Disadvantaged Municipality		
	b. 🔘 Rural Area of Critical Economic Concern		
	c. O Rural Community Experiencing Economic Distress		
	d. ◎ N/A		
22.	What is the status of construction?		
	a. O Ready		
	b. O Not Ready		
23.	What percentage of construction has been completed?		
	0%		
24.	What is the estimated completion date of construction?		
	06/15/2023		