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The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. Title of Project: DeSoto County Wastwater Treatment Modifications

Senate Sponsor: Denise Grimsley
 Date of Submission: <u>11/09/2017</u>

4. Project/Program Description:

Wastewater Treatment plant modifications to include replacement of headworks, tank lining and related appurtences to enable the plant to receive flows from the Lake Suzy area, allowing for the decommissioning of the former privately operated wastewater plant.

5. State Agency Contacted? No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? <u>Department of Environmental Protection</u>

6. Amount of Non-recurring Requested for fiscal year 2018-19:

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	450,000	450,000

7. Type, amount and percent of matching funds available for this project for fiscal year 2018-19:

Туре	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds): 450,000

9. Previous Year Funding Details:

- a. Has funding been provided in a previous state budget for this activity? Yes
- b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 2
- c. What is the most recent fiscal year the project was funded? 2017-18
- d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	Α	В	С
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		500,000	500,000

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

<u>Final modifications to main wastewater treatment facility to accept diverted flows from the Lake Suzy area of the county.</u> Final phase to allow the county to decommission the formerly privately owed wastewater treatment facility in the southern portion of the County.

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

Replace headwork, re-coating of treatment tank and related work to prepare the facility for increased flows

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
☐Executive Director/Project Head Salary and Benefits		
□Other Salary and Benefits		
□Expense/Equipment/Travel/Supplies/Other		
☐Consultants/Contracted Services/Study		
Operational Costs		
☐Salary and Benefits		
□Expense/Equipment/Travel/Supplies/Other		



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□Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
☑Construction/Renovation/Land/Planning Engineering	Headworks replacement, tank treatment and related work	450,000
TOTAL		450,000

d. What are the direct services to be provided to citizens by the appropriations project?

Take substandard wastewater treatment facility out of service in Lake Suzy area

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

528 utility customers in the area

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

Centralized operating costs, removal of substandard facility, mitigation of future problems

- g. 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?

 _De-obligation of funds
- 12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

Desoto County is the owner of the facility and the entity.

13. Requestor Contact Information:

a. Name: Mandy Hines

b. Organization: DeSoto County Commission

c. Email: m.hines@desotobocc.comd. Phone Number: (863)993-4800

14. Recipient Contact Information:

a. Organization: DeSoto County Commission

b. County: <u>DeSoto</u>c. Organization Type:

O For Profit

O Non Profit 501(c) (3)

O Non Profit 501(c) (4)

Local Entity

O University or College



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	Of Other (Please specify)
	d. Contact Name: Mandy Hines
	e. E-mail Address: m.hines@desotobocc.com
	f. Phone Number: (863)993-4800
15.	If there is a registered lobbyist, fill out the lobbyist information below.
	a. Name: Laura Boehmer
	b. Firm: Southern Strategies
	c. Email: m.hines@desotobocc.com
	d. Phone Number: (727)686-0924
16.	Have you applied for alternative state funding?
	□Wastewater Revolving Loan
	□Drinking Water Revolving Loan
	☐Small Community Wastewater Treatment Grant
	□Other (Please describe)
	⊠n/A
17.	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
18.	What is the status of construction?
	<u>N/A</u>
19.	What percentage of construction has been completed?
	Not a construction project
20.	What is the estimated completion date of construction?
	N/Δ

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