



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** City of Webster, Phase II Gravity Collection System

2. **Senate Sponsor:** Dennis Baxley

3. **Date of Submission:** 11/15/2017

4. **Project/Program Description:**

NW 8th Avenue Grinder Pump Replacement.

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?

Department of Environmental Protection

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
1,450,000		1,450,000

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

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	50,000	3.3%
Other	0	0.0%
TOTAL	50,000	3.3 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,500,000

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) 1

c. What is the most recent fiscal year the project was funded? 2015-16

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:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

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?

Eliminate health and safety issues by replacing failing grinder pumps with gravity fed system.

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

Installation of a gravity fed system to eliminate failing grinder pumps and reduce maintenance cost to the City.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Engineering Costs, construction and equipment.	1,500,000
TOTAL		1,500,000

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

Replacement of failing grinder pumps which will eliminate current health and safety issues in a predominately economic disadvantaged portion of the City.

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

64 homes/175 citizens

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

Replacement of failing grinder pumps. Reduction in sewer overflows and maintenance costs.

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?

Liquidated damages would be assessed to the contractor for failing to meet schedules.

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.

City of Webster

13. Requestor Contact Information:

- a. **Name:** Deanna Naugler
- b. **Organization:** City of Webster
- c. **Email:** dnaugler@webster.fl.com
- d. **Phone Number:** (352)793-2073

14. Recipient Contact Information:

- a. **Organization:** City of Webster
- b. **County:** Sumter
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)



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- d. Contact Name:** Deanna Naugler
e. E-mail Address: dnaugler@webster.fl.com
f. Phone Number: (352)793-2073

15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name:** Patrick Bell
b. Firm: Capitol Solutions, Inc.
c. Email: pbell@earthlink.net
d. Phone Number: (850)224-8282

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?

Ready to bid.

19. What percentage of construction has been completed?

None

20. What is the estimated completion date of construction?

Not sure at this time.