



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Citrus County Cambridge Greens Septic to Sewer

2. **Senate Sponsor:** Wilton Simpson

3. **Date of Submission:** 12/12/2017

4. **Project/Program Description:**

Septic to Sewer Project

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Environmental Protection

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

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
	349,000	349,000

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)	3,250,000	50.0%
Local	1,276,000	19.6%
Other	1,625,000	25.0%
<b>TOTAL</b>	<b>6,151,000</b>	<b>94.6 %</b>

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 6,500,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

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

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.

<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b>
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	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>			

**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?**

Removal of nutrient loading to the Crystal River/Kings Bay Spring shed.

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

Permitting, design and construction of a central wastewater collection system to replace existing OSTDS.

**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	Construction of a central wastewater collection system.	349,000
TOTAL		349,000

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

Preservation and improvement to a first order magnitude spring.

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

Residents of Crystal River. Approximately 220 homes.

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

Benefit is reduction of nutrient loading to a first order magnitude spring. Measured by reduction of OSTDS.

**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?**

May jeopardize compliance of BMAP.

**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.**

Facilities will all be owned and maintained by the County.

**13. Requestor Contact Information:**

- a. **Name:** Ken Cheek
- b. **Organization:** Citrus County, Florida
- c. **Email:** Ken.cheek@citrusbocc.com
- d. **Phone Number:** (352)527-7647

**14. Recipient Contact Information:**

- a. **Organization:** Citrus County, Florida
- b. **County:** Citrus
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify)
- d. **Contact Name:** Charles Oliver



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e. E-mail Address: Randy.oliver@citrusbocc.com

f. Phone Number: (352)527-5205

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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number:

**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?**

Not ready

**19. What percentage of construction has been completed?**

0%

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

8/31/21