Local Funding Initiative Request - Fiscal Year 2018-2019

1. Title of Project: City of Ocala Silver Springs Stormwater Nutrient Reduction Project

2. Senate Sponsor: Keith Perry

3. Date of Submission: <u>12/15/2017</u>

4. Project/Program Description:

City of Ocala Silver Springs Stormwater Nutrient Reduction Project will use Bold & Gold Media developed by the University of Central Florida. This project will reduce nutrient pollutant load flowing into the Silver River Springshed. This reduction will be realized by the installation of SkimBoss Filtration System at all wet retention outfalls into drainage wells and will remove pollutants during heavy rain, tropical storm and hurricane conditions, before intake to the aquifer.

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	Total Amount of
	Fixed Capital Outlay	Requested State Funds
	300,000	300,000

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	300,000	50.0%
Other	0	0.0%
TOTAL	300,000	50.0 %

8. Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds): 600,000

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) $\underline{1}$
- c. What is the most recent fiscal year the project was funded? 2015-16



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- e. Complete the following Worksheet.

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

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

Yes

a. If yes, indicate non-recurring amount per year.

Yes. \$1,300,000

11. Program Performance:

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

Reduction of Nutrient Pollutant Load deposited into surface and groundwater through the storm water system.

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

<u>Installation of SkimBoss Filtration System at all wet retention outfalls into drainage wells and will remove pollutants before intake to the aquifer.</u>

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		



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Operational Costs		
□Salary and Benefits		
□Expense/Equipment/Travel/Supplies/Other		
□Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
☑Construction/Renovation/Land/Planning Engineering	Construction/Installation of SkimBoss™ Filtration Media with Bold & Gold™ Media	300,000
TOTAL		300,000

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

Reduction of Nutrient Pollutant Load deposited into surface and groundwater through the stormwater system.

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

Residents of the City of Ocala, visitors to the Silver River

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

Improve water quality and wildlife habitat by reduction of Nutrient Pollutant Load deposited through the stormwater system into the Floridan Aquifer and the Silver Springs Springshed

- 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?

 _Denial of future funding
- 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 Ocala

13. Requestor Contact Information:

a. Name: Sean Lanier

b. Organization: <u>City of Ocala</u>c. Email: <u>slanier@ocalafl.org</u>d. Phone Number: (352)351-6772

14. Recipient Contact Information:

a. Organization: City of Ocala



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	b. County: Marion
	c. Organization Type: O For Profit
	O Non Profit 501(c) (3)
	O Non Profit 501(c) (4)
	● Local Entity
	O University or College
	O Other (Please specify)
	d. Contact Name: Sean Lanier e. E-mail Address: slanier@ocalafl.org
	f. Phone Number: (352)351-6772
15.	If there is a registered lobbyist, fill out the lobbyist information below.
	a. Name: Stephen Shiver
	b. Firm: The Advocacy Group at Cardenas Partners
	c. Email: <u>ss@cardenaspartners.com</u> ; <u>sjb@cardenaspartners.com</u>
	d. Phone Number: (850)222-8900
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?



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0%

20. What is the estimated completion date of construction?

10/30/2019