



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Waldo Wastewater Collection System Rehabilitation, Phase 2

2. **Senate Sponsor:** Keith Perry

3. **Date of Submission:** 01/16/2018

4. **Project/Program Description:**

Wastewater Collection System Rehabilitation

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
	500,000	500,000

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	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):** 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? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



The Florida Senate

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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:		500,000	500,000

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

Yes

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

\$500,000

11. Program Performance:

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

Rehabilitation of wastewater collection system.

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

Engineering and construction.

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		



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Engineering design, permitting, and construction.	500,000
TOTAL		500,000

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

Improved wastewater management.

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

Residents of the City of Waldo, population 939.

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

Reduction of infiltration/inflow into the sewer collection system. Will reduce the likelihood of sewer line collapses.

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?

Standard penalties only.

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.

Owner is the entity.

13. Requestor Contact Information:

- a. **Name:** Kim Worley
- b. **Organization:** City of Waldo
- c. **Email:** kim@waldo-fl.com
- d. **Phone Number:** (352)468-1001

14. Recipient Contact Information:

- a. **Organization:** City of Waldo
- b. **County:** Alachua
- c. **Organization Type:**
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)



The Florida Senate

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- ☐ Local Entity
☐ University or College
☒ Other (Please specify) Municipality

d. Contact Name: Kim Worley

e. E-mail Address: kim@waldo-fl.com

f. Phone Number: (352)468-1001

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 yet begun

19. What percentage of construction has been completed?

0%

20. What is the estimated completion date of construction?

Unknown.