



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2100

1. Title of Project: Havana Lift Station Rehabilitation

2. Senate Sponsor: Bill Montford

3. Date of Submission: 02/22/2019

4. Project/Program Description:

The Town has identified 2 lift stations in need of rehabilitation. These lift stations are located on 12th Ave East and 5th St NE. The rehabilitation may include the replacement of pumps and controls, lining of wet wells, electrical upgrades, and site improvements. These upgrades will ensure reliability in system operations, thus reducing the likelihood of breaks in service, or worse, uncontrolled discharges of untreated wastewater.

5. State Agency to receive requested funds : Department of Environmental Protection

State Agency Contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020

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

7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	300,000	100.0%
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
Total Project Costs for Fiscal Year 2019-2020	300,000	100.0%

8. Has this project previously received state funding? No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

9. Is future-year funding likely to be requested? No

10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		



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Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Design, Permitting and Construction Inspection	24,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Rehabilitation of two existing lift stations.	276,000
Total State Funds Requested (must equal total from question #6)		300,000

11. Program Performance:

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

The Town has identified 2 lift stations in need of rehabilitation. These lift stations are located on 12th Ave East and 5th St NE. The rehabilitation may include the replacement of pumps and controls, lining of wet wells, electrical upgrades, and site improvements.

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

The rehabilitation may include the replacement of pumps and controls, lining of wet wells, electrical upgrades, and site improvements. These upgrades will ensure reliability in system operations, thus reducing the likelihood of breaks in service, or worse, uncontrolled discharges of untreated wastewater.

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

By completing the necessary upgrades, the Town will ensure reliable services to their citizens while minimizing the risk of environmental impacts due to uncontrolled discharges of untreated wastewater.

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

The target population to be served is all the residents of the Town of Havana, which is approximately 1,650 people.

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

By completing the necessary upgrades, the Town will ensure reliable services to their citizens while minimizing the risk of environmental impacts due to uncontrolled discharges of untreated wastewater. Maintenance records will demonstrate the reliability of the rehabilitated lift stations.

f. 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?

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.



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The Town of Havana will be the owners of the facility.

13. Requestor Contact Information:

- a. **Name:** Howard McKinnon
- b. **Organization:** Town of Havana
- c. **E-mail Address:** mgrhvfl@mediacombb.net
- d. **Phone Number:** (850)539-2820

14. Recipient Contact Information:

- a. **Organization:** Town of Havana
- b. **County:** Gadsden
- 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:** Howard McKinnon
- e. **E-mail Address:** mgrhvfl@mediacombb.net
- f. **Phone Number:** (850)539-2820

15. Lobbyist Contact Information

- a. **Name:** None
- b. **Firm Name:** None
- c. **E-mail Address:**
- d. **Phone Number:**

Please complete the questions below for Water Projects only

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)



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- Rural Area of Economic Concern
- Rural Area of Opportunity (s. 288-0656, Florida Statutes)
- N/A

18. What is the status of construction? Not started.

19. What percentage of construction has been completed? 0%

20. What is the estimated completion date of construction? 8/31/2020