



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 2111

1. **Title of Project:** Port St. Joe Lagoon Maintenance - Year 2
2. **Senate Sponsor:** Bill Montford
3. **Date of Submission:** 02/22/2019
4. **Project/Program Description:**  
Compliance with FL DEP Consent Order.
5. **State Agency to receive requested funds :** Department of Environmental Protection  
State Agency Contacted? Yes
6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	130,000
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>130,000</b>

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)	130,000	43.92%
Federal	0	0.00%
State (excluding the amount of this request)	83,000	28.04%
Local	83,000	28.04%
Other	0	0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>296,000</b>	<b>100.0%</b>

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?** Yes
  - a. **If yes, indicate non-recurring amount per year.** 130000

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		



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Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Contract with Sea-Today for biological dredging year one \$166,000 years 2 and 3 \$130,000 each for a total of \$420,000.	130,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>130,000</b>

**11. Program Performance:**

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

Compliance with FL DEP Consent Order.

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

Biological Dredging.

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

Processing of Wastewater to acceptable levels by FL DEP.

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

Elderly persons; persons with poor mental and physical health; jobless and economically disadvantaged persons; at-risk youth; homeless; developmentally and physically disabled; drug users (in health services); preschool, grade, high school university/college students; currently or formerly incarcerated persons, drug offenders (in criminal justice) and victims of crime.

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

Improve the processing of sanitary sewer to acceptable FL DEP standards - testing; provide safe processing of sanitary sewer to meet all DEP requirements - Lab testing; Improve Wastewater / Stormwater Management, and improve groundwater quality - Lab testing and FL DEP Compliance.

**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?**

Additional monetary fines per day.

**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.**

The property is owned by the City of Port St. Joe.



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#### 13. Requestor Contact Information:

- a. **Name:** James Anderson
- b. **Organization:** City of Port St. Joe
- c. **E-mail Address:** janderson@psj.fl.gov
- d. **Phone Number:** (850)229-8261 Ext. 113

#### 14. Recipient Contact Information:

- a. **Organization:** City of Port St. Joe
- b. **County:** Gulf
- 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:** Charlotte Pierce
- e. **E-mail Address:** cpierce@psj.fl.gov
- f. **Phone Number:** (850)229-8261

#### 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): 1 year from State Revolving Fund \$83,000
- 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



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Rural Area of Opportunity (s. 288-0656, Florida Statutes)

N/A

**18. What is the status of construction?** Ready

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

**20. What is the estimated completion date of construction?** February 5, 2022