

LFIR # 1043

- **Project Title** LaBelle Zone B Septic Tank to Sewer Conversion 1.
- 2. **Senate Sponsor** Kathleen Passidomo
- 3. **Date of Request** 10/10/2019

4. **Project/Program Description**

The LaBelle Zone B Septic Tank Conversion to Central Sewer will complete the conversion of Zone B septic tanks to central sewer in the City of LaBelle. Water quality will potentially be improved in the Caloosahatchee River (C-43) for residents of the city and the region upon completion. This project potentially mitigates river water quality issues as this zone is adjacent to the Caloosahatchee River.

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

○ Yes ● No State Agency contacted?

Amount of the Nonrecurring Request for Fiscal Year 2020-2021 6.

| Type of Funding | Amount | |
|-----------------------------|-----------|--|
| Operations | 000 | |
| Fixed Capital Outlay | 3,243,000 | |
| Total State Funds Requested | 3,243,000 | |

7. Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)

| Type of Funding | Amount | Percentage | |
|--|-----------|------------|--|
| Total State Funds Requested (from question #6) | 3243000 | 100.0 % | |
| Matching Funds | | | |
| Federal | 00 | 0 % | |
| State (excluding the amount of this request) | 00 | 0 % | |
| Local | 00 | 0 % | |
| Other | 00 | 0 % | |
| Total Project Costs for Fiscal Year 2020-2021 | 3,243,000 | 100 % | |

Has this project previously received state funding? 8. ○ Yes No

If yes, provide the most recent instance:

| Fiscal Year | Amount | | | |
|-------------|-----------|--------------|-----------------|--------|
| (уууу-уу) | Recurring | Nonrecurring | Appropriation # | Vetoed |
| | | | | |

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

If yes, indicate nonrecurring amount per year.



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10. Details on how the requested state funds will 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 | | |
| Operational Costs: Oth | er | |
| Salary and Benefits | | |
| Expense/Equipment/ Travel/Supplies/Other | | |
| Consultants/Contracted Services/Study | | |
| | | |
| Fixed Capital Construct | | |
| Construction/Renovation/ Land/Planning Engineering | Construction of lift station and typical infrastructure associated with septic tank to sewer conversion. | 3,243,000 |
| Total State Funds Re | quested (must equal total from question #6) | 3,243,000 |



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11. Program Performance

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

Water quality will be improved in the Caloosahatchee River (C-43) and users will move from using a septic tank to a the city central sewer treatment facility.

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

Construction of lift station and typical infrastructure associated with septic tank to sewer conversion.

c. What direct services will be provided to citizens by the appropriation project?

Sewer services. Allows for normal waste water services to all city customers in Zone B.

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

Zone B in the City of LaBelle and surrounding area, 1,500

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

Normal waste water services to all city customers in Zone B. Customer Utility Billing invoices.

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?

Cancel funding.



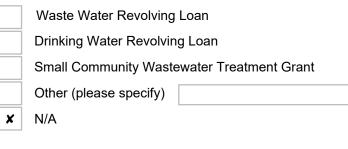
12. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

| | City of LaBelle | | | |
|-----|------------------------------------|-------------------------|-----------|----------|
| | | | | |
| 3. | Requestor Contact I | Information | | |
| | a. First Name | David A. | Last Name | Lyons |
| | b. Organization | City of LaBelle | | |
| | c. E-mail Address | davealyons@hotmail.com | | |
| | d. Phone Number (| 863)675-2872 | Ext. | |
| 4. | Recipient Contact In | nformation | | |
| | a. Organization | City of LaBelle | | |
| | b. Municipality and C | County Hendry | | |
| | c. Organization Type | 9 | | |
| | For-profit Ent | tity | | |
| | O Non-Profit 50 | 01(c) (3) | | |
| | O Non-Profit 50 | 01(c) (4) | | |
| | Local Entity | | | |
| | University or | College | | |
| | Other (please | e specify) | | |
| | d. First Name | on | Last Name | Zimmerly |
| | e. E-mail Address _{rz} | immerly@citylabelle.com | | |
| | f. Phone Number (8 | 363)6752872 | | |
| 15. | Lobbyist Contact In | formation | | |
| | a. Name J | Joe Spratt | | |
| | b. Firm Name | Spratt & Associates | | |
| | c. E-mail Address j | osephrspratt@yahoo.com | | |
| | d. Phone Number (| 863)5170235 | Ext. | |



Please complete the questions below for Water Projects only.

16. Have you applied for alternative state funding?



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.)
- **x** Rural Area of Economic Concern
- **X** Rural Area of Opportunity (s. 288.0656, Florida Statutes)

N/A

18. What is the status of construction?

Planning Stage

19. What percentage of the construction has been completed?

0%

20. What is the estimated completion date of construction?

12/30/2021

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.