



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 2177

1. **Project Title** Everglades water and contamination remediation

2. **Senate Sponsor** Manny Diaz

3. **Date of Request** 01/09/2020

4. **Project/Program Description**

FREYTECH proposes safe, sustainable, clean, chemical-free, radiation-free, and most cost-effective technology called ENVIRONMENTAL BALANCE DEVICE ("EBD") for both long-term prevention and in-situ cleanup/remediation of water bodies including but not limited to; marshlands, wetlands, ponds, lakes, rivers, tributaries, and all water bodies including simultaneous treatment of BOTH water (unlimited depth) and all types of sediments of up to 30-meters in depth.

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

State Agency contacted? ☐ Yes ☒ No

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

Type of Funding	Amount
Operations	20,000,000
Fixed Capital Outlay	000
<b>Total State Funds Requested</b>	<b>20,000,000</b>

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)	20000000	100.0 %
<b>Matching Funds</b>		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>20,000,000</b>	<b>100 %</b>

8. **Has this project previously received state funding?** ☐ Yes ☒ No

If yes, provide the most recent instance:

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

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Salary	200,000
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Decontamination equipment and monitoring equipment	17,000,000
Consultants/Contracted Services/Study	engineers, installers and surveyors	1,000,000
<b>Operational Costs: Other</b>		
Salary and Benefits	scientific monitoring	800,000
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	engineers, installers and surveyors	1,000,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		20,000,000



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#### 11. Program Performance

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

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

Preservation of everglades through our technology.

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

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

All Floridians surrounding the everglades.

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

Everglades restoration and preservation without the use of chemicals.

- 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?

Loss of funding



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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.**

no capital Outlay

13. **Requestor Contact Information**

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For-profit Entity
  - ☐ Non-Profit 501(c) (3)
  - ☐ Non-Profit 501(c) (4)
  - ☐ Local Entity
  - ☐ University or College
  - ☒ Other (please specify)
- d. First Name  Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.