



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 2418

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

Funding will help Walton County provide the needed infrastructure to maintain property values and meet minimum levels of service to the public.

5. **State Agency to receive requested funds**
- State Agency contacted? ☐ Yes ☒ No

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

Type of Funding	Amount
Operations	<input type="text" value="000"/>
Fixed Capital Outlay	<input type="text" value="7,400,013"/>
<b>Total State Funds Requested</b>	<input type="text" value="7,400,013"/>

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)	<input type="text" value="7400013"/>	<input type="text" value="100.0"/> %
<b>Matching Funds</b>		
Federal	<input type="text" value="00"/>	<input type="text" value="0"/> %
State (excluding the amount of this request)	<input type="text" value="00"/>	<input type="text" value="0"/> %
Local	<input type="text" value="00"/>	<input type="text" value="0"/> %
Other	<input type="text" value="00"/>	<input type="text" value="0"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<input type="text" value="7,400,013"/>	<input type="text" value="100"/> %

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		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs: Other</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Stormwater improvement infrastructure.	7,400,013
<b>Total State Funds Requested (must equal total from question #6)</b>		7,400,013



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#### 11. Program Performance

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

Provide water quality and stormwater improvements to urbanized areas.

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

Construction of stormwater improvement infrastructure.

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

Water quality and stormwater improvements to urbanized areas in Walton County.

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

General Public

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

Improvements to the Choctawhatchee Bay watershed water quality. Creation of stormwater management systems where none to little existed previously.

- 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?

TBD



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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.

Walton County

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.



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**Please complete the questions below for Water Projects only.**

16. **Have you applied for alternative state funding?**

- ☐ Waste Water Revolving Loan
- ☐ Drinking Water Revolving Loan
- ☐ Small Community Wastewater Treatment Grant
- ☐ Other (please specify)
- ☒ 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?**

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

20. **What is the estimated completion date of construction?**

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