

The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. Title of Project: Homosassa River Restoration Project

Senate Sponsor: Wilton Simpson
 Date of Submission: 12/11/2017

4. Project/Program Description:

Restoration of 3.91 acres Homosassa upland canal - Lyngbya/muck removal and nstallation of native grasses.

- 5. State Agency Contacted? Yes
 - a. If yes, which state agency? Department of Environmental Protection
 - b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
- 6. Amount of Non-recurring Requested for fiscal year 2018-19:

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
2,000,000		2,000,000

7. Type, amount and percent of matching funds available for this project for fiscal year 2018-19:

Туре	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	50,000	2.4%
Other	75,000	3.5%
TOTAL	125,000	5.9 %

8. Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds): 2,125,000

9. Previous Year Funding Details:

- a. Has funding been provided in a previous state budget for this activity? Yes
- b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1
- c. What is the most recent fiscal year the project was funded? 2017-18
- d. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- e. Complete the following Worksheet.

	Input Prior FY Appropriation for this project
FY:	for FY 2017-18



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	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	Α	В	С
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		350,000	350,000

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

2 million

11. Program Performance:

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

Reverse degredation and habitat loss of an Outstanding Florida Waterway

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

Removal of invasive Lyngbya andinstalation of new native grasses with maintenance

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
☑Executive Director/Project Head Salary and Benefits	Hire on a contract basis an Ex. Director	50,000
☐Other Salary and Benefits		
□Expense/Equipment/Travel/Supplies/Other		
□Consultants/Contracted Services/Study		
Operational Costs		
□Salary and Benefits		
☑Expense/Equipment/Travel/Supplies/Other	Mobilization, Debris Removal,	1,468,000



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	Demobilization	
□Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
☑Construction/Renovation/Land/Planning Engineering	Native grass installation, Protection, Maintenance	532,000
TOTAL		2,050,000

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

Tourism is the leading Citrus County industry (130 Mil. 2016) and is dependant on clean and healthy rivers

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

Tourists which exceeded 440,000 visitors in 2016 as well as local residents that use the river

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

Independent 3rd party analysis by USF staff to verify increased water clarity, vegetation, and wildlife

- g. 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?

 Contractor will only be paid on a "percentage of completion" method
- 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.

Members of Homosassa River Restoration Inc. are volunteer only and will not be compensated in any fashion

- 13. Requestor Contact Information:
 - a. Name: Stephen Minguy
 - **b.** Organization: Homosassa River Restoration Project Inc
 - c. Email: savehomosassariver@gmail.com
 - d. Phone Number: (407)532-1598
- 14. Recipient Contact Information:
 - a. Organization: Homosassa River Restoration Project Inc
 - **b. County:** Citrus
 - c. Organization Type:
 - O For Profit

 - O Non Profit 501(c) (4)
 - O Local Entity



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O University or College

	o omversity or conege
	O Other (Please specify)
	d. Contact Name: Stephen Minguy
	e. E-mail Address: sminguy@aol.com
	f. Phone Number: (407)832-1598
15.	If there is a registered lobbyist, fill out the lobbyist information below.
	a. Name: None
	b. Firm: None
	c. Email:
	d. Phone Number:
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)
	□Rural Area of Economic Concern
	□Rural Area of Opportunity (s. 288-0656, Florida Statutes)
	☑N/A
18.	What is the status of construction?
	Currently under permitting with Army Corp of Enginnerrs and DEP
19.	What percentage of construction has been completed?
	This is the initial phase of a multi year project
20.	What is the estimated completion date of construction?

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