



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Utility Retrofits at FSDB and Adjacent Areas

2. **Senate Sponsor:** Travis Hutson

3. **Date of Submission:** 12/08/2017

4. **Project/Program Description:**

Utility Retrofits at FSDB and Adjacent Areas

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Department of Environmental Protection

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
	1,769,416	1,769,416

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

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,769,416

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>			

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

No

### 11. Program Performance:

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

Reduce damages and delays due to Tidal surge and flooding and sewer overflows at the Florida School for the Deaf & Blind (FSDB). Underground utilities (both storm water and sewer collection systems) were over-capacity and pumping systems could not keep pace as the tide receded preventing the school from re-opening (approximately one week delay after both Matthew and Irma).

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

Utility retrofits- manhole and pump stations, sewer rehabilitation including lining, and stormwater system retrofits including tidal backflow prevention.

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		



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<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	23,400 lineal feet of sewer lining, 161 manhole rehabilitation and 2 stormwater backflow preventers	1,769,416
TOTAL		1,769,416

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

Utility Improvements

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

All customers within the service area 500-700 individuals

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

Reduce street flooding, sanitary overflows resulting in road closures and improve water quality.

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?

Withheld state funds

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.

City of St. Augustine

13. Requestor Contact Information:

- a. Name: John P. Regan, P.E.
- b. Organization: City of St. Augustine
- c. Email: jregan@citystaug.com
- d. Phone Number: (904)825-1006

14. Recipient Contact Information:

- a. Organization: City of St. Augustine
- b. County: Saint Johns
- c. Organization Type:
  - ☐ For Profit



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## *Local Funding Initiative Request - Fiscal Year 2018-2019*

- ☐ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☒ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

**d. Contact Name:** John P. Regan, P.E.

**e. E-mail Address:** jregan@citystaug.com

**f. Phone Number:** (904)825-1006

**15. If there is a registered lobbyist, fill out the lobbyist information below.**

**a. Name:** Lena Juarez

**b. Firm:** JEJ Associates

**c. Email:** lena@jejassoc.com

**d. Phone Number:** (850)212-8330