



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Inglis Sub Regional Waste Water Treatment Facility

2. **Senate Sponsor:** Keith Perry

3. **Date of Submission:** 01/18/2018

4. **Project/Program Description:**

Review Easements and draw proposed sewage layout decide cost effective installation and best products. Apply for any State or County easements necessary. Request locates of all Public utilities. GIS all of it. Determine where sewer piping can go and make adjustments accordingly. Bring in at least two manufactures to bid the project. Prepare proposed layout from there purchase pipe. Installation of treatment plant concurrent with pilot advanced potable system.

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
	3,000,000	3,000,000

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):** 3,000,000

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



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d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:	500,000		500,000

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

Yes

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

\$3,000,000 for two additional years

11. Program Performance:

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

To lay the sewer lines in Inglis a adjacent county developments

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

Provide the sewer lines for the sewer plant

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		



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<input type="checkbox"/> Salary and Benefits		
<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	Easement acquisition if needed and construction	3,000,000
TOTAL		3,000,000

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

Septic to Sewer conversion

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

Residents of Inglis and adjacent Levy County

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

A complete septic to sewer conversion

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?

N/A

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.

Town owned

13. Requestor Contact Information:

- a. Name: Drinda Merritt
- b. Organization: Town of Inglis
- c. Email:
- d. Phone Number: (352)229-0477

14. Recipient Contact Information:

- a. Organization: Town of Inglis
- b. County: Levy
- c. Organization Type:
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)



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

d. Contact Name: Drinda Merritt

e. E-mail Address:

f. Phone Number: (352)229-0477

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?

Feasibility and engineering are in process

19. What percentage of construction has been completed?

None

20. What is the estimated completion date of construction?

Unknown