



# The Florida Senate

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

1. **Title of Project:** Town of Horseshoe Beach Drinking Water

2. **Senate Sponsor:** Lauren Book

3. **Date of Submission:** 02/06/2018

4. **Project/Program Description:**

Construct a New Storage Tank for emergencies and High Volume

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
	650,000	650,000

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	15,000	2.3%
Other	0	0.0%
TOTAL	15,000	2.3 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 665,000

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.

<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b>
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	(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?

Provide storage of treated Drinking water during emergencies and high demand.

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

Construct a Concrete Storage, pipe and pump system

#### 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 checked="" type="checkbox"/> Consultants/Contracted Services/Study	Consultants and services	30,000
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Consultants and services	10,000



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Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	construction	610,000
TOTAL		650,000

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

Safe drinking water during high demand, Hurricane, storms

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

300 Town residents and Visitors

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

Safe Drinking water, DEP and County Emergency agencies can measure the need and benefits.

**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?**

Contractors and Engineers will have Bond and Liability insurance

**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 of Horseshoe Beach and residents are the owners. This is a publicly owned facility.

**13. Requestor Contact Information:**

- a. **Name:** Talmadge Bennett
- b. **Organization:** Town of Horseshoe Beach
- c. **Email:** talmadgebennett@bellsouth.net
- d. **Phone Number:** (352)498-5234

**14. Recipient Contact Information:**

- a. **Organization:** Town of Horseshoe Beach
- b. **County:** Dixie
- c. **Organization Type:**
  - ☐ For Profit
  - ☐ Non Profit 501(c) (3)
  - ☐ Non Profit 501(c) (4)
  - ☒ Local Entity
  - ☐ University or College
  - ☐ Other (Please specify)
- d. **Contact Name:** Nikki Selph



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e. E-mail Address: horseshoebeachto@bellsouth.net

f. Phone Number: (352)498-5234

**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?**

none until funding

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

0

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

depends on funding