



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1169

1. **Title of Project:** Groveland Villa City Water Treatment Plant

2. **Senate Sponsor:** Kelli Stargel

3. **Date of Submission:** 02/01/2019

4. **Project/Program Description:**

Construction and Testing for two (2) new deep aquifer (Lower Floridan Aquifer) potable supply wells.

5. **State Agency to receive requested funds :** Department of Environmental Protection

State Agency Contacted? Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	
Fixed Capital Outlay	1,000,000
<b>Total State Funds Requested</b>	<b>1,000,000</b>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	1,000,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>1,000,000</b>	<b>100.0%</b>

8. **Has this project previously received state funding?** No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

9. **Is future-year funding likely to be requested?** No

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	NA	0
Other Salary and Benefits	NA	0
Expense/Equipment/Travel/Supplies/Other	NA	0
Consultants/Contracted Services/Study	NA	0



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<b>Operational Costs:</b>		
Salary and Benefits	NA	0
Expense/Equipment/Travel/Supplies/Other	NA	0
Consultants/Contracted Services/Study	NA	0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Well Construction and Testing	1,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,000,000</b>

#### 11. Program Performance:

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

Construction of two (2) new deep potable supply wells with lower environmental impact to lakes and springs.

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

Well construction and testing.

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

High quality and reliable potable water source with lower environmental impacts than current sources (Upper Floridan aquifer).

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

City of Groveland residents (approximately 20,000).

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

Long-term reliable sources of potable water. Completion of wells and acceptance of water quality and yield. Approval of wells as a source of potable water by St. Johns River Water Management District and clearance/approval of use of wells by Florida Department of Environmental Protection.

**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?**

Liquidated damages for drilling contractor for failing to meet project scope and schedule.

#### 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 Groveland will be the owner of the facility (wells and future water treatment plant). Current owner of property to be used for the wells and WTP site is "BLR-Villa City Commercial, LLC." No relationship between City and Owner of proposed site.

#### 13. Requestor Contact Information:

**a. Name:** Steve Guba

**b. Organization:** City of Groveland



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c. **E-mail Address:** steve.guba@groveland-fl.gov

d. **Phone Number:** (352)429-0227 Ext. 17

#### 14. Recipient Contact Information:

a. **Organization:** City of Groveland

b. **County:** Lake

c. **Organization Type:**

For Profit

Non Profit 501(c) (3)

Non Profit 501(c) (4)

Local Entity

University or College

Other (Please specify) City of Groveland Public Services

d. **Contact Name:** Steve Guba

e. **E-mail Address:** steve.guba@groveland-fl.gov

f. **Phone Number:** (352)429-0227 Ext. 17

#### 15. Lobbyist Contact Information

a. **Name:** None

b. **Firm Name:** None

c. **E-mail Address:**

d. **Phone Number:**

#### Please complete the questions below for Water Projects only

#### 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? 100% Designed and awaiting bidding for construction and testing of wells



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**19. What percentage of construction has been completed?** 0%

**20. What is the estimated completion date of construction?** 11/01/2020