



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2653

1. **Title of Project:** Wewahitchka Sewer Plant Well

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 03/15/2019

4. **Project/Program Description:**

DURING HURRICANE MICHAEL AND FOR DAYS AFTER, WATER HAD TO BE TURNED OFF TO MAKE REPAIRS TO THE LINES. TO PROPERLY PROCESS SEWAGE TREATMENT THERE NEEDS TO BE A WELL AT THE SEWER PLANT SITE SO THAT IT IS COMPLETELY SELF SUFFICIENT DURING A DISASTER TO AVOID HEALTH ISSUES AND ANY POSSIBLE FDEP PENALTIES.

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

State Agency Contacted? No

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

| Type of Funding | Amount |
|------------------------------------|----------------|
| Operations | |
| Fixed Capital Outlay | 150,000 |
| Total State Funds Requested | 150,000 |

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) | 150,000 | 100.00% |
| Federal | 0 | 0.00% |
| State (excluding the amount of this request) | 0 | 0.00% |
| Local | 0 | 0.00% |
| Other | 0 | 0.00% |
| Total Project Costs for Fiscal Year 2019-2020 | 150,000 | 100.0% |

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 |
|---|---|---------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | Details for this page are unknown at this time as we have been still determining losses from Hurricane Michael and have not yet | 150,000 |



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| | | |
|--|---|----------------|
| | developed scopes of work or advertised for contractors/bids | |
| Other Salary and Benefits | | |
| Expense/Equipment/Travel/Supplies/Other | | |
| Consultants/Contracted Services/Study | | |
| Operational Costs: | | |
| Salary and Benefits | | |
| Expense/Equipment/Travel/Supplies/Other | | |
| Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning | | |
| Engineering | | |
| Total State Funds Requested (must equal total from question #6) | | 150,000 |

11. Program Performance:

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

Making the sewer plant site self sufficient during a disaster to avoid health concerns regarding proper sewage treatment

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

Developing scopes of work, competitive bidding, construction, employment

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

Continuation of sewage disposal services and protection from health concerns

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

City (population approx 2,000 currently)

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

Continuation of sewage disposal services and protection from health concerns

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?

Standard penalties, bonding requirements and state/federal license requirements should be sufficient and FDEP requirements/penalties should be sufficient

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.

Not applicable

13. Requestor Contact Information:

a. Name: Cathy Simmons

b. Organization: City of Wewahitchka



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c. **E-mail Address:** wewacomptroller@fairpoint.net

d. **Phone Number:** (850)639-2605

14. Recipient Contact Information:

a. **Organization:** City of Wewahitchka

b. **County:** Gulf

c. **Organization Type:**

For Profit

Non Profit 501(c) (3)

Non Profit 501(c) (4)

Local Entity

University or College

Other (Please specify) municipal government

d. **Contact Name:** Cathy Simmons

e. **E-mail Address:** wewacomptroller@fairpoint.net

f. **Phone Number:** (850)639-2605

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? not started



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19. What percentage of construction has been completed? none

20. What is the estimated completion date of construction? n/a