

LFIR # 1541

**Project Title** Port St. Joe - First Street Sewer Lift Station 1. 2. Senate Sponsor Bill Montford Date of Request 10/08/2019 3. 4. **Project/Program Description** 

Repair of Sanitary Sewer System after Hurricane Michael.

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

• Yes O No State Agency contacted?

#### Amount of the Nonrecurring Request for Fiscal Year 2020-2021 6.

| Type of Funding             | Amount    |
|-----------------------------|-----------|
| Operations                  | 000       |
| Fixed Capital Outlay        | 1,000,000 |
| Total State Funds Requested | 1,000,000 |

7. Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)

| Type of Funding                                | Amount    | Percentage |
|--|-----------|------------|
| Total State Funds Requested (from question #6) | 1000000   | 100.0 %    |
| Matching Funds                                 |           |            |
| Federal  | 00        | 0 %        |
| State (excluding the amount of this request)   | 00        | 0 %        |
| Local  | 00        | 0 %        |
| Other  | 00        | 0 %        |
| Total Project Costs for Fiscal Year 2020-2021  | 1,000,000 | 100 %      |

Has this project previously received state funding? 8. ○ Yes No

If yes, provide the most recent instance:

| Fiscal Year | Amo       | ount         | Specific        |        |
|-------------|-----------|--------------|-----------------|--------|
| (уууу-уу)   | Recurring | Nonrecurring | Appropriation # | Vetoed |
|             |           |              |                 |        |

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

If yes, indicate nonrecurring amount per year.



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### 10. Details on how the requested state funds will be expended

| Spending Category  | Description   | Amount    |
|--|---|-----------|
| Administrative Costs:                                    |   |           |
| Executive Director/Project<br>Head Salary and Benefits   |   |           |
|  |   |           |
| Other Salary and Benefits                                |   |           |
| Expense/Equipment/<br>Travel/Supplies/Other              |   |           |
| Consultants/Contracted<br>Services/Study                 |   |           |
| Operational Costs: Oth                                   | er  |           |
| Salary and Benefits                                      |   |           |
| Expense/Equipment/<br>Travel/Supplies/Other              |   |           |
| Consultants/Contracted<br>Services/Study                 |   |           |
| Fixed Capital Construct                                  | tion/Major Renovation:  |           |
| Construction/Renovation/<br>Land/Planning<br>Engineering | Land - \$50,000<br>Engineering - \$80,000<br>Construction - \$870,000 | 1,000,000 |
| Total State Funds Re                                     | quested (must equal total from question #6)                           | 1,000,000 |



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#### 11. Program Performance

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

Reduction of backups and sewer spills.

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

Treatment of Sewer and reduction of environmental hazards to St. Joseph Bay.

c. What direct services will be provided to citizens by the appropriation project?

Treatment of Sewer.

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

90% of City residents, approximately 3,000.

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

Properly working lift station.

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?

\$50 per day.



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# 12. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

|                  | City of Port St. Joe.         |                      |           |          |  |
|------------------|-------------------------------|----------------------|-----------|----------|--|
|                  |                               |                      |           |          |  |
| 3.               | Requestor Contac              | t Information        |           |          |  |
|                  | a. First Name                 | Charlotte            | Last Name | Pierce   |  |
|                  | b. Organization               | City of Port St. Joe |           |          |  |
|                  | c. E-mail Address             | cpierce@psj.fl.gov   |           |          |  |
|                  | d. Phone Number               | (850)229-8261        | Ext. 129  |          |  |
| 4.               | Recipient Contact Information |                      |           |          |  |
|                  | a. Organization               | City of Port St. Joe |           |          |  |
|                  | b. Municipality and           | County Gulf          |           |          |  |
|                  | c. Organization Ty            | -                    |           |          |  |
|                  | For-profit E                  | ntitv                |           |          |  |
|                  | Non-Profit                    | -                    |           |          |  |
|                  | O Non-Profit                  | 501(c) (4)           |           |          |  |
|                  | Local Entity                  | y                    |           |          |  |
|                  | O University                  | or College           |           |          |  |
|                  | Other (plea                   | ase specify)         |           |          |  |
|                  | d. First Name                 | Jim                  | Last Name | Anderson |  |
|                  | e. E-mail Address             | janderson@psj.fl.gov |           |          |  |
|                  | f. Phone Number               | (850)2298261         |           |          |  |
| 15.              | Lobbyist Contact              | Information          |           |          |  |
| 0.               | a. Name                       | None                 |           |          |  |
|                  | b. Firm Name                  | None                 |           |          |  |
| c. E-mail Addres |                               |                      |           |          |  |
|                  |                               |                      |           |          |  |
|                  | d. Phone Number               |                      | Ext.      |          |  |



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



18. What is the status of construction?

Currently evaluating the proposed site.

19. What percentage of the construction has been completed?

0%.

20. What is the estimated completion date of construction?

04/30/2021

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.