



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 2282

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

The requested funds will be used to complete a vulnerability assessment, inventory and action plan to address Septic to Sanitary Conversion Connection. Financial assistance will be provided to low income residents to connect to the City wastewater system.

5. **State Agency to receive requested funds**
- State Agency contacted?     Yes     No

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

Type of Funding	Amount
Operations	<input style="width: 100%;" type="text" value="20,000"/>
Fixed Capital Outlay	<input style="width: 100%;" type="text" value="630,000"/>
<b>Total State Funds Requested</b>	<b>650,000</b>

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)	<input style="width: 100%;" type="text" value="650000"/>	<input style="width: 100%;" type="text" value="72.0"/> %
<b>Matching Funds</b>		
Federal	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
Local	<input style="width: 100%;" type="text" value="250,000"/>	<input style="width: 100%;" type="text" value="28"/> %
Other	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>900,000</b>	<b>100</b> %

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

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs: Other</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Field work related to the assessment and inventory.	20,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	The estimated cost for a homeowner to connect to a centralized system ranges from \$15,000 to \$20,000.	630,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>650,000</b>



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## 11. Program Performance

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

The requested funds will be used to complete a vulnerability assessment, inventory and action plan to address Septic to Sanitary Conversion Connection. Financial assistance will be provided to low income residents to connect to the City wastewater system.

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

A vulnerability assessment, inventory and action plan to address Septic to Sanitary Conversion Connection. Financial assistance will be provided to low income residents to connect to the City's wastewater system.

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

Financial assistance will be provided to low income residents to connect to the City's wastewater system.

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

North Miami Residents

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

Number of septic systems converted to sewer.

- 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?

The penalty for not performing project would require the reimbursement of state funds.



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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 North Miami

13. **Requestor Contact Information**

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- For-profit Entity
  - Non-Profit 501(c) (3)
  - Non-Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (please specify)
- d. First Name  Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.



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

16. **Have you applied for alternative state funding?**

- Waste Water Revolving Loan
- Drinking Water Revolving Loan
- Small Community Wastewater Treatment Grant
- Other (please specify)
- 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?**

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

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

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