

### The Florida Senate Local Funding Initiative Request Fiscal Year 2021-2022

#### LFIR # 1112

1. Project Title Lynn Haven Lift Stations and Forcemain Improvements

2. Senate Sponsor George Gainer

3. Date of Request 01/26/2021

#### 4. Project/Program Description

City of Lynn Haven Stormwater Management System Repairs The proposed funding request is for the project to repair the Lift Stations and Forcemains in Lynn Haven. The City's Lift Stations have sustained severe damage during hurricane Michael.

#### 5. State Agency to receive requested funds

Department of Environmental Protection

State Agency contacted? Yes

#### 6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	1,000,000
Fixed Capital Outlay	0
Total State Funds Requested	1,000,000

#### 7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	1,000,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	2,000,000	100%

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

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

#### 9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

#### 10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

No

Yes

If yes, indicate the amount of funds received and what the funds were used for.



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Federal assistance from the Federal Cares Act Funding was received and used for COVID-19 equipment (PPE and Supplies, Temp Scanners, Electrostatic Foggers, Disinfectants, Medical Masks).

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Repairs of the existing Lift Stations throughout the entire city to replace 30 year old equipment and replace undersized forcemains. Costs include engineering services and construction.	1,000,000
Total State Funds Requested (m	ust equal total from question #6)	1,000,000

#### 12. Program Performance

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

The funds requested will assist with funding of the improvements of the lift stations and forcemains in Lynn Haven. Some of the existing lift stations are operating at 400% capacity and the equipment is over 30 years old. Several forcemains are undersized and need to be upgraded.

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

Engineering Permitting and Construction.

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

The appropriation project will help with the improvements of the lift stations and forcemains which need improvements.

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

The entire City of Lynn Haven which has a population of 21,000 residents.

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

The expected benefit of the project is for the lift stations in Lynn Haven to be repaired and improved. The way this benefit will be measured is by post-repair surveys and documenting operating.

# 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 the contract?

Loss of funding.



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13. 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.

The City of Lynn Haven will receive directly any fixed capital outlay funding since they own the lift stations and forcemains.



#### 14. Requestor Contact Information

	a. First Name	Chris		Last Name	Forehand	
	b. Organization	Panhandle Engineering, Inc.				
	c. E-mail Address	cbf@panhandleengineering.com				
	d. Phone Number	(850)596-1235 <b>Ext.</b>				
15.	15. Recipient Contact Information					
	a. Organization	City of Lynn Haven				
	b. Municipality and	nd County Bay				
	c. Organization Type					
	□For Profit Entity					
	□Non Profit 501(c	INon Profit 501(c)(3)				
	□Non Profit 501(c	INon Profit 501(c)(4)				
	□Local Entity					
	□University or College					
	☑Other (please specify) City Municipality					
	d. First Name	Vickie		Last Name	Gainer	
	e. E-mail Address	vgainer@	cityoflynnhaven.	com		
	f. Phone Number	(850)890-	7712			
16.	16. Lobbyist Contact Information					
	a. Name	None				
	b. Firm Name	None				
	c. E-mail Address					
	d. Phone Number	r				



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

#### 17. 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

#### 18. 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

#### 19. What is the status of construction?

Not Ready

#### 20. What percentage of the construction has been completed?

0%

#### 21. What is the estimated completion date of construction?

12/1/2022