

LFIR # 1387

1. Project Title	Palm Bay Nutrie	Palm Bay Nutrient Baffle Boxes and Treatment Drains					
2. Senate Sponsor	Debbie Mayfield						
3. Date of Request	01/29/2021						
4. Project/Program∃	Description						
installation of two l	paffle boxes at outfal	Is into the Turkey	s into the impaired Indi Creek and Indian River) from stormwater runof	Lagoon in order to	The project consists of achieve the reduction of		
5. State Agency to r	eceive requested for	unds Departm	nent of Environmental P	rotection			
State Agency con	tacted? No						
6. Amount of the No	nrecurring Reques	for Fiscal Year 2	2021-2022				
Type of Funding			Amo	unt			
Operations				300,000			
Fixed Capital Outla	ау			0	l		
Total State Funds	s Requested			300,000			
7. Total Project Cost	for Fiscal Year 202	21-2022 (including	g matching funds avai	lable for this proje	ect)		
Type of Funding			Amount	Percentage			
Total State Funds	Requested (from que	estion #6)	300,000	51%			
Matching Funds					l		
Federal			0	0%	l		
State (excluding the amount of this request)			0	0%	l		
Local			288,000	49%	l		
Other			0	0%			
Total Project Cos	ts for Fiscal Year 2	021-2022	588,000	100%			
8. Has this project p	reviously received	state funding?	No				
Fiscal Year	Am	Amount		Vetoed			
(уууу-уу)	Recurring	Nonrecurring	Appropriation #				
9. Is future funding	likely to be request	ed?	No				
a. If yes, indicate	nonrecurring amou	ınt per year.					
b. Describe the source of funding that can be used in lieu of state funding.							
10. Has the entity re	questing this proje	ct received any f	ederal assistance rela	ted to the COVID-	19 pandemic?		
Yes							
If ves indicate th	e amount of funde	received and wh	at the funds were use	d for			
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The City has received a total of \$1,517,087 in direct funding under the CARES Act, or which \$567,770 is designated for temporary rent, mortgage and utility payment assistance to eligible residents facing hardship due to COVID-19.

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	Construction cost for the installation of two baffle boxes at outfalls into the Turkey Creek and Indian River Lagoon	300,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	300,000

12	. Prod	ıram	Perfo	rmance
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a.	What	specific	nurnose or	goal will	be achieved	l by the	funds re	equested?
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Reduction of pollutants Total Nitrogen (TN) and Total Phosphorus (TP) from stormwater runoff

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

N/A

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

N/A

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

N/A

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

Reduction of pollutants Total Nitrogen (TN) and Total Phosphorus (TP) from stormwater runof. Before and after testing of the outfall discharge will be undertaken to quantify the reduction in TN and TP.

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?

N/A

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.



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The Florida Senate

Local Funding Initiative Request Fiscal Year 2021-2022

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14.	14. Requestor Contact Information						
	a. First Name	Britta		Last Name	Kellner		
	b. Organization	City of Palm Bay					
	c. E-mail Address	Britta.Kel	Iner@PalmBayF	lorida.org			
	d. Phone Number	(321)952	-3400	Ext.	5252		
15.	Recipient Contact	Informatio	on				
	a. Organization	City of Pa	alm Bay				
	b. Municipality and	l County	Brevard				
	c. Organization Ty	ре					
	□For Profit Entity						
	□Non Profit 501(c)(3)					
	□Non Profit 501(c)(4)					
	☑Local Entity						
	□University or Co	illege					
	□Other (please sp	pecify)					
	d. First Name	Frank		Last Name	Watanabe		
	e. E-mail Address frank.watanabe@palmbayflorida.org						
	f. Phone Number						
16.	16. Lobbyist Contact Information						
	a. Name	Sam Wagoner					
	b. Firm Name	Sunrise (Consulting Group)			
	c. E-mail Address	wagoner@scgroup.us					
	d. Phone Number	(352)584-8647					



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Please complete the questions below for Water Projects only.

17. H	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. V	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. V	What is the status of construction?
	Shovel Ready
20. V	What percentage of the construction has been completed?
	0
21. V	What is the estimated completion date of construction?
	12/03/2021