



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1535

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Included in the 2015 Utility Master Plan as one of the areas of residential sewer retrofit areas, this project proposes the construction of a sanitary sewer collection system including gravity sewers and pressurized force-main transmission lines allows for the conversion of 76 residences from septic tanks to City of Ormond Beach sewer on Magnolia Drive and Oak Drive south of Granada Blvd. This project benefits the water quality of Misner's Branch, a tributary of the Tomoka River by eliminating the flow of effluent water containing nitrogen and phosphorous.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	532,000
<b>Total State Funds Requested</b>	<b>532,000</b>

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	532,000	33%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	532,000	33%
Local	536,000	34%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>1,600,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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?



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

\$4,900,000 from the Federal government for COVID-19 pandemic. If measurements are not met, funds should be returned

**11. 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Permitting, planning, engineering, construction	532,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>532,000</b>

**12. Program Performance**

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

Improved water quality of Misner's Branch, a tributary of the Tomoka River, due to reduced nitrogen and phosphorous.

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

Installation of gravity sanitary sewer collection system, removal of septic tanks, and connection of residents to city central sewer system.

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

City will provide service to treat wastewater from residences that will be connected.

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

76 residences

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

Reduced nitrogen and phosphorous released to groundwater that would migrate to surface waters eventually flowing to Tomoka River and Halifax River.

**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?**

If measurements are not met, funds should be returned.



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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.

City of Ormond Beach



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#### 14. Requestor Contact Information

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

#### 15. 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

#### 16. Lobbyist Contact Information

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



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**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?**

Planning phase of construction / construction is not ready

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

zero

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

01/01/2023