

## The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 2128

|   | nonrecurring amount urce of funding that o                                   |   | lieu of state funding.   |  |   |
|---|--|---|--|--|---|
| •   | onrecurring amount   | nor voar  |  |  |   |
| A 1- (( ( 11 11   | kely to be requested?  | <i>(</i>  | No   |  |   |
|   | kahuta ha manusat i t  | 2   | No   |  |   |
| (3333 33)   | Recurring  | Nonrecurring  | , ippi opiiddoll #   |  |   |
| Fiscal Year<br>(yyyy-yy)  | Amour  |   | Specific Appropriation #   | Vetoed   |   |
| 8. Has this project pr  | eviously received sta  | ate funding?  | No   |  |   |
| <b>Total Project Cost</b>   | s for Fiscal Year 2023   | 3-2024  | 1,000,000  | 100%   |   |
| Other   |  |   | 0  | 0%   |   |
| Local   |  |   | 0  | 0%   |   |
|   | amount of this reques  | st)   | 0  | 0%   |   |
| Federal   |  |   | 0  | 0%   |   |
| Matching Funds  | requested (IIOIII questi   | οπ <del>π</del> ο <i>j</i>                              | 1,000,000  | 100 /6   |   |
| Type of Funding Total State Funds R                                 | Requested (from questi   | ion #6)   | Amount<br>1,000,000  | Percentage 100%  |   |
| •   | for Fiscal Year 2023-2   | 2024 (including   | matching funds avai  | . ,  | ct)   |
| <b>Total State Funds</b>  | Requested  |   |  | 1,000,000  |   |
| Fixed Capital Outla   | У  |   |  | 1,000,000  |   |
| Operations  |  |   |  | 0  |   |
| Type of Funding   |  |   | Amou   | unt  |   |
| 6. Amount of the Non  | recurring Request fo   | r Fiscal Year 20  | 023-2024   |  |   |
| State Agency conta  | acted? No  |   |  |  |   |
| 5. State Agency to re   | ceive requested fund   | <b>is</b> Departm                                       | ent of Environmental F   | Protection   |   |
| nutrients and volum<br>Design to address r<br>citizenry residing in | e of runoff entering Co<br>esiliency and flooding,<br>Spot in the Sun/Four S | ounty ditches and<br>allowing for safe<br>Seasons commu | d public lands that flow<br>er transportation, ensul<br>nities and homeowners<br>solid waste, freight an | s to Nubbins Slough<br>res continued health<br>s and businesses lo | n Conservation Area.<br>n, safety and welfare |
| 4. Project/Program D  For contractual end                           | •  | ian services of s                                       | tormwater conveyance   | and inlet improvem   | ents to reduce                                |
| •   |  |   |  |  |   |
| 3. Date of Request  | 02/15/2023   |   |  |  |   |
| 2. Senate Sponsor   | Erin Grall   |   |  |  |   |
|   | Improvements   |   |  |  |   |



11. Status of Construction

### The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 2128

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

The County received \$8,190,640.00 in American Rescue Recovery Act funds that was used to address Jail Expansion/Renovation from revenue loss, water, sewer, storm water, broadband infrastructure and tourist development shortfall.

### Complete questions 11 and 12 for Fixed Capital Outlay Projects

| a. what is the o           | current phase   | of the project?       |            |
|----------------------------|-----------------|-----------------------|------------|
| <ul><li>Planning</li></ul> | ODesign         | Construction          |            |
| b. Is the projec           | t "shovel read  | y" (i.e permitted)?   | No         |
| c. What is the             | estimated start | date of construction? | 05/01/2025 |

12. List 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 s | anuty. |
|---|--------|
| The County is the owner and the entity.                   |        |

12/30/2026

13. Details on how the requested state funds will be expended

d. What is the estimated completion date of construction?

| Spending Category                                     | Description   | Amount    |
|---|---|-----------|
| Administrative Costs:                                 |   |           |
| Executive Director/Project Head Salary and Benefits   | n/a   | 0         |
| Other Salary and Benefits                             | n/a   | 0         |
| Expense/Equipment/Travel/Supplies/Other               | n/a   | 0         |
| Consultants/Contracted<br>Services/Study              | n/a   | 0         |
| Operational Costs: Other                              |   |           |
| Salary and Benefits                                   | n/a   | 0         |
| Expense/Equipment/Travel/Supplies/Other               | n/a   | 0         |
| Consultants/Contracted<br>Services/Study              | n/a   | 0         |
| Fixed Capital Construction/Majo                       | r Renovation:   |           |
| Construction/Renovation/Land/<br>Planning Engineering | Contractual engineering planning design services for stormwater conveyance improvements | 1,000,000 |
| <b>Total State Funds Requested (m</b>                 | ust equal total from question #6)   | 1,000,000 |

### 14. Program Performance

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



### The Florida Senate **Local Funding Initiative Request Fiscal Year 2023-2024**

LFIR # 2128

Goal is improved life, health, safety and welfare of citizenry residing in Spot in the Sun and the Four Seasons communities, the homeowners and businesses located along Berman Road, an 8.5 mile evacuation and truck route that includes solid waste, freight and work trucks with completion of stormwater conveyance and inlet improvements that will reduce nutrients and volume of runoff entering County ditches and public lands that flows to the Nubbin Slough Conservation Area. Design will address resiliency and flooding; allowing for safer transportation.

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

Activities include seeking contractual engineering planning design services for stormwater drainage and enhanced (safety) transportation system through the County's procurement policies.

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

Direct services to citizens is improved life, health, safety and welfare with completion of stormwater drainage infrastructure and enhanced (safety) transportation system.

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

Population served is the residents, businesses and visitors of Okeechobee County, which is designated as a Rural Area of Critical Economic Concern per Executive Order #11-81; and as outlined in F.S. 288.0656 Rural Economic Development Initiative (REDI) as a Rural Area of Opportunity; Benefit is approximately 4,000 residential properties and solid waste, freight and work trucks accessing industrial areas.

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

Expected benefit is completion and certification of the final design that provides a shovel ready project to move forward with construction that will improve life, health, safety, water quality with appropriate treatment of drainage and surface water runoff that protects the environment and wildlife of the Taylor Creek/Nubbins Slough Conservation Area. Completion of final design and construction will provide the general public with safer transportation, less property damage, reduced flooding and improved water quality/quantity and improved flows to SFWMD Taylor Creek/Nubbins Slough Conservation Area located in the Lake Okeechobee Watershed; addresses permitting agencies regulations.

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?

Contractual milestones to be adhered to throughout the project; non-payment of invoices until milestones addressed; corrective action plan, liquidated damages, if needed.

| 15. Requester Contac                  | t Informati                                     | on    |           |       |
|---------------------------------------|---|-------|-----------|-------|
| a. First Name                         | Deborah   |       | Last Name | Manzo |
| b. Organization                       | Okeechobee County Board of County Commissioners |       |           |       |
| c. E-mail Address                     | dmanzo@co.okeechobee.fl.us                      |       |           |       |
| d. Phone Number                       | (863)763-                                       | -6441 | Ext.      |       |
| 16. Recipient Contact Information     |   |       |           |       |
| a. Organization                       | Okeechobee County Board of County Commissioners |       |           |       |
| b. Municipality and County Okeechobee |   |       |           |       |
| c. Organization Type                  |   |       |           |       |
| □For Profit Entity                    |   |       |           |       |
| □Non Profit 501(d                     | c)(3)   |       |           |       |



## The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 2128

| □Non Profit 501  | (c)(4)  |             |                      |  |
|--|---|-------------|----------------------|--|
| ☑Local Entity  |   |             |                      |  |
| □University or C   | College   |             |                      |  |
| □Other (please   | -   |             |                      |  |
|  | ,   | l oot Nome  | Manna                |  |
| d. First Name  | Deborah  s dmanzo@co.okeechobee                             | Last Name   | Manzo                |  |
| f. Phone Number  |   | .ii.us      |                      |  |
|  |   |             |                      |  |
| 17. Lobbyist Contact a. Name                                 | Connie Carpenter Vanas                                      | scho        |                      |  |
| b. Firm Name   | CAS Governmental Servi                                      |             |                      |  |
|  | ccvgovser@gmail.com   | Ces LLC     |                      |  |
| d. Phone Number  |   |             |                      |  |
|  | (001/0211102  |             |                      |  |
| Please comple  | te the questions be   | low for V   | Water Projects only. |  |
| 18. Have you applied   | I for alternative state fundi                               | ng?         |                      |  |
| ☐ Waste Water Revolving Loan                                 |   |             |                      |  |
| ☐ Drinking Water Revolving Loan                              |   |             |                      |  |
| □ Small Community Wastewater Treatment Grant                 |   |             |                      |  |
| ☐ Other (please specify)                                     |   |             |                      |  |
| ☑ N/A  |   |             |                      |  |
| 19. What is the popu   | lation economic status?                                     |             |                      |  |
| ☑ Financially Disadvantaged Community (ch. 62-552, F.A.C)    |   |             |                      |  |
| ☐ Financially Disadvantaged Municipality (ch. 62-552, F.A.C) |   |             |                      |  |
| ☑ Rural Area of  | ☑ Rural Area of Economic Concern                            |             |                      |  |
| ☑ Rural Area of  | ☑ Rural Area of Opportunity (s. 288.0656, Florida Statutes) |             |                      |  |
| □ N/A  |   |             |                      |  |
| 20. What is the status                                       | s of construction?  |             |                      |  |
| Not Ready  |   |             |                      |  |
| 21. What percentage  | of the construction has be                                  | en complete | ed?                  |  |



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LFIR # 2128

|  | 0          |  |  |  |
|--|------------|--|--|--|
| 22. What is the estimated completion date of construction? |            |  |  |  |
|  | 12/30/2026 |  |  |  |