



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2401

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To improve the Charlotte County Utilities to upgrade and harden the control room at the Burnt Store Water Reclamation Facility.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

| Type of Funding                    | Amount         |
|------------------------------------|----------------|
| Operations                         | 0              |
| Fixed Capital Outlay               | 300,000        |
| <b>Total State Funds Requested</b> | <b>300,000</b> |

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

| Type of Funding                                      | Amount           | Percentage  |
|--|------------------|-------------|
| Total State Funds Requested (from question #6)       | 300,000          | 23%         |
| <b>Matching Funds</b>                                |                  |             |
| Federal  | 0                | 0%          |
| State (excluding the amount of this request)         | 0                | 0%          |
| Local  | 994,375          | 77%         |
| Other  | 0                | 0%          |
| <b>Total Project Costs for Fiscal Year 2023-2024</b> | <b>1,294,375</b> | <b>100%</b> |

8. Has this project previously received state funding?

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>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?

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



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We received \$36,693,553. Full document can be provided but will be broken down by Economic Recovery, Public Health and Public Safety, and Intergovernmental Assistance, Contract Health and Human Services.

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

### 11. Status of Construction

a. What is the current phase of the project?

☐ Planning ☐ Design ☒ Construction

b. Is the project "shovel ready" (i.e. permitted)?

No

c. What is the estimated start date of construction?

1/2024

d. What is the estimated completion date of construction?

12/31/2026

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 entity.

Charlotte County Utilities

### 13. 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                      | Construction Contract | 300,000        |
| <b>Total State Funds Requested (must equal total from question #6)</b> |                       | <b>300,000</b> |

### 14. Program Performance

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

Hardening will increase resilience of a centralized critical facility and will provide the ability to remotely monitor/operate county water and wastewater facilities.

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

Charlotte County Utilities will be managing these funds to ensure proper usage.



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

Continuing Charlotte County Utility services to citizens in the area.

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

Charlotte County residents in and around the Burnt Store area

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

Resiliency and overall improved reliability. The project will mitigate the risk to the community's potable water and wastewater collections systems due to natural disasters.

**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?**

Failure to meet deliverables would lead to forfeiture of the remaining balance and/or reimbursement

**15. Requester Contact Information**

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

**16. 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) Local Government

**d. First Name**  **Last Name**   
**e. E-mail Address**   
**f. Phone Number**

**17. Lobbyist Contact Information**

**a. Name**



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b. Firm Name

c. E-mail Address

d. Phone Number

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

**18. 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

**19. 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

**20. What is the status of construction?**

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

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