

- 1. Project Title
- 2. Senate Sponsor
- 3. Date of Request
- 4. Project/Program Description

5. State Agency to receive requested funds

State Agency contacted?

Yes No

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

| Type of Funding | Amount |
|-----------------------------|--------|
| Operations | |
| Fixed Capital Outlay | |
| Total State Funds Requested | |

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

| Type of Funding | Amount | Percentage |
|------------------------------------------------|--------|------------|
| Total State Funds Requested (from question #6) | | % |
| Matching Funds | | |
| Federal | | % |
| State (excluding the amount of this request) | | % |
| Local | | % |
| Other | | % |
| Total Project Costs for Fiscal Year 2024-2025 | | % |



| 8. | Has this project previously received state funding? | Yes | No |
|----|-----------------------------------------------------|-----|----|
| | If ves, provide the most recent instance: | | |

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

| 9. Is future-year funding likely to be requested? | Yes | No |
|---------------------------------------------------|-----|----|
|---------------------------------------------------|-----|----|

- 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 Yes No federal assistance related to the COVID-19 pandemic?

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

Complete questions 11 and 12 for Fixed Capital Outlay Projects

| 11 | | Status | of | Cons | struc | ction |
|----|--|--------|----|------|-------|-------|
|----|--|--------|----|------|-------|-------|

- a. What is the current phase of the project? Planning Design Construction N/A
- b. Is the project "shovel-ready" (i.e. permitted)? Yes No
- c. What is the estimated start date of construction?
- d. What is the estimated completion date of construction?
- 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.



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

| Expense/Equipment/ Travel/Supplies/Other Expense/Equipment/ Travel/Supplies/Other Expense/Equipment/ Travel/Supplies/Other Expense/Equipment/ Travel/Supplies/Other Consultants/Contracted Services/Study Department/ Travel/Supplies/Other Expense/Equipment/ Travel/Equipment/ Travel/Equipment/ Travel/Equipment/ Travel/Eq | Spending Category | Description | Amount | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------|--------|--|--|
| Head Salary and Benefits Other Salary and Benefits Expense/Equipment/ Travel/Supplies/Other Consultants/Contracted Services/Study Operational Costs Salary and Benefits Expense/Equipment/ Travel/Supplies/Other Consultants/Contracted Services/Study Fixed Capital Construction/Major Renovation: Construction/Renovation/ Land/Planning Engineering | Administrative Costs: | | | | |
| Expense/Equipment/ Travel/Supplies/Other Consultants/Contracted Services/Study Operational Costs Salary and Benefits Expense/Equipment/ Travel/Supplies/Other Consultants/Contracted Services/Study Fixed Capital Construction/Major Renovation: Construction/Renovation/ Land/Planning Engineering | | | | | |
| Travel/Supplies/Other Consultants/Contracted Services/Study Operational Costs Salary and Benefits Expense/Equipment/ Travel/Supplies/Other Consultants/Contracted Services/Study Fixed Capital Construction/Major Renovation: Construction/Renovation/ Land/Planning Engineering | Other Salary and Benefits | | | | |
| Services/Study Operational Costs Salary and Benefits Expense/Equipment/ Travel/Supplies/Other Consultants/Contracted Services/Study Fixed Capital Construction/Major Renovation: Construction/Renovation/ Land/Planning Engineering | Expense/Equipment/ Travel/Supplies/Other | | | | |
| Salary and Benefits Expense/Equipment/ Travel/Supplies/Other Consultants/Contracted Services/Study Fixed Capital Construction/Major Renovation: Construction/Renovation/ Land/Planning Engineering | | | | | |
| Expense/Equipment/ Travel/Supplies/Other Consultants/Contracted Services/Study Fixed Capital Construction/Major Renovation: Construction/Renovation/ Land/Planning Engineering | Operational Costs | | | | |
| Travel/Supplies/Other Consultants/Contracted Services/Study Fixed Capital Construction/Major Renovation: Construction/Renovation/ Land/Planning Engineering | Salary and Benefits | | | | |
| Services/Study Fixed Capital Construction/Major Renovation: Construction/Renovation/ Land/Planning Engineering | Expense/Equipment/ Travel/Supplies/Other | | | | |
| Construction/Renovation/ Land/Planning Engineering | Services/Study | | | | |
| Land/Planning Engineering | Fixed Capital Construc | tion/Major Renovation: | | | |
| Total State Funds Requested (must equal total from question #6) | Land/Planning | | | | |
| | Total State Funds Requested (must equal total from question #6) | | | | |



14. Program Performance

| FI | ogram Ferromance |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a. | What specific purpose or goal will be achieved by the funds requested? |
| b. | What activities and services will be provided to meet the intended purpose of these funds? |
| C. | What direct services will be provided to citizens by the appropriation project? |
| d. | Who is the target population served by this project? How many individuals are expected to be served? |
| e. | What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured? |
| 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 in the contract? |



15. Requester Contact Information

a. First Nameb. Organizationc. 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)

d. First Name Last Name

- e. E-mail Address
- f. Phone Number

17. Lobbyist Contact Information

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



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?

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.