



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Completion of Well # 6 Construction with Storage Tank and Chlorination

2. **Senate Sponsor:** Denise Grimsley

3. **Date of Submission:** 11/09/2017

4. **Project/Program Description:**

City of Frostproof Water CIP Implementation - The entire project includes a water main, storage tank, disinfection and high service pumps to make the well a productive element in our service plan. The water main has been completed with 2014-15 funds, the tank is about to be constructed with 2016-17 and local funds. This request is for the remaining funds to complete the project by installing disinfection equipment and related values, electronic monitoring and a building to house the equipment plus high service pumps to inject the treated water into the distribution system. The funding request will allow the city to complete the project

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Department of Environmental Protection

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	1,500,000	1,500,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,500,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1



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- c. What is the most recent fiscal year the project was funded? 2016-17
- d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)			
	Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)	
Input Amounts:				

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

Additional water resource - Goal of the SWFWMD and Polk County Comprehensive Water Supply Plan of 2009

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

Consistent with Chapter 216.052 (1) the City of Frostproof is requesting State appropriation for a capital outlay initiative that is both local and regional in scope, is intended to meet a documented need as identified in the SWFWMD Heartland Region & Polk County Water Supply Plans, addresses a statewide interest to promote the efficient use of a scarce resources and minimize results, and has tangible community support. The entire project includes the water main, storage tank, disinfection and high service pumps to meet the needs in the aforementioned plan. The water main has been completed with 2014-15 funds, the tank is about to be constructed with 2016-17 and local funds. This request is for the remaining funds to complete the project for disinfection and high service pumps. The funding request will allow the city to complete the project.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		



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<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Engineering and Construction	1,500,000
TOTAL		1,500,000

d. What are the direct services to be provided to citizens by the appropriations project?

During Hurricane Irma, the city's water and sewer system never once failed to operate, never had a boil water order and never spilled a drop of wastewater. All with emergency power. The entire community was without electricity for 7 days. No food stores, no restaurants, no gas stations, meaning no food or water within 18 miles of the community - unless city water was available to your property. This project is designed and supported by SWFWMD and Polk County to expand the public water supply.

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

Frostproof community citizens. Literally thousands

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

Clean, fresh potable water every day and especially during emergencies. Drop in the dependency on emergency supplies of water and a healthier community

g. 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?

None

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

The owner of the facility is the City of Frostproof itself.

13. Requestor Contact Information:

a. Name: Lee Evett

b. Organization: City of Frostproof



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- c. Email: levett@cityoffrostproof.com
- d. Phone Number: [\(863\)635-7855](tel:(863)635-7855)

14. Recipient Contact Information:

- a. Organization: [City of Frostproof](#)
- b. County: [Polk](#)
- c. Organization Type:
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. Contact Name: [Lee Evett](#)
- e. E-mail Address: levett@cityoffrostproof.com
- f. Phone Number: [\(863\)635-7855](tel:(863)635-7855)

15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: [None](#)
- b. Firm: [None](#)
- c. Email:
- d. Phone Number:

16. Have you applied for alternative state funding?

- Wastewater Revolving Loan
- Drinking Water Revolving Loan
- Small Community Wastewater Treatment Grant
- Other (Please describe)
- N/A

17. 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)



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N/A

18. What is the status of construction?

Not started

19. What percentage of construction has been completed?

0%

20. What is the estimated completion date of construction?

12/21/2019