



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** City of St. Cloud Esprit Pond Flood Control Improvements

2. **Senate Sponsor:** Victor Torres

3. **Date of Submission:** 11/13/2017

4. **Project/Program Description:**

Lower control elevation of ponds due to hurricane flooding.

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
	150,000	150,000

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	500,000	76.9%
Other	0	0.0%
TOTAL	500,000	76.9 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 650,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

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

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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

### 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?

To mitigate recurring roadway flooding in the Esprit Subdivision.

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

Modeling neighborhood to re-permit ponds to lower the control elevation and modifications to outfall control structures.

#### 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		
<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		



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Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	200,000	200,000
TOTAL		200,000

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

Roadway flooding will be mitigated in neighborhood during heavy and hurricane force rains.

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

Residents of Esprit Subdivision approximately 375.

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

Reduce roadway flooding during extended rain periods; roads remain passable after extended rain events.

**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?**

We are open to suggestions on such.

**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.**

HOA owns the ponds.

**13. Requestor Contact Information:**

- a. **Name:** William Sturgeon
- b. **Organization:** City of St. Cloud
- c. **Email:** Wsturgeon@stcloud.org
- d. **Phone Number:** (407)957-7305

**14. Recipient Contact Information:**

- a. **Organization:** City of St. Cloud
- b. **County:** Osceola
- c. **Organization Type:**
  - ☐ For Profit
  - ☐ Non Profit 501(c) (3)
  - ☐ Non Profit 501(c) (4)
  - ☐ Local Entity
  - ☐ University or College
  - ☒ Other (Please specify) Municipality
- d. **Contact Name:** William Sturgeon



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e. E-mail Address: wsturgeon@stcloud.org

f. Phone Number: (407)957-7305

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

a. Name: Bill Barrett

b. Firm: Sewell Point Group

c. Email: Bbarrett.spg@gmail.com

d. Phone Number: (321)403-6410

**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)

☒ N/A

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

N/A

**19. What percentage of construction has been completed?**

ZERO

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

N/A