



# The Florida Senate

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

1. **Title of Project:** Riviera Beach Water Treatment Plant Disinfectant Facility

2. **Senate Sponsor:** Bobby Powell

3. **Date of Submission:** 11/14/2017

4. **Project/Program Description:**

Water Treatment Plant Disinfection Facility

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
	1,478,000	1,478,000

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)	500,000	12.6%
Local	1,978,000	50.0%
Other	0	0.0%
TOTAL	2,478,000	62.6 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 3,956,000

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?

Yes

#### a. If yes, indicate non-recurring amount per year.

Future Water Projects

### 11. Program Performance:

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

Construct a new disinfection facility that will improve the processing and safety of treating the drinking water to the community

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

Improve the disinfection process and implement safer handling procedures

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Cost of Planing and overseeing the project	149,000
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	provide technical support and project management	400,000
Operational Costs		



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<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	Construction of the new disinfection facility and installation of equipment	3,406,095
TOTAL		3,955,095

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

Improved water quality and a safer disinfection process

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

Over 40,000 residents and businesses

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

Improved drinking water, increased safety during the disinfection process

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?

N/A

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.

City of Riviera beach

13. Requestor Contact Information:

- a. Name: Willie Horton
- b. Organization: Riviera Beach Utility Special District
- c. Email: whorton@rivierabch.com
- d. Phone Number: (561)845-4185

14. Recipient Contact Information:

- a. Organization: Riviera Beach Special Utility District
- b. County: Palm Beach
- c. Organization Type:
  - ☐ For Profit



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- ☐ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Entity
- ☐ University or College
- ☒ Other (Please specify) Local Government Utility District

**d. Contact Name:** Willie Horton

**e. E-mail Address:** whorton@rivierabch.com

**f. Phone Number:** (561)845-4185

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

**a. Name:** Sean Pittman

**b. Firm:** Pittman Law Firm

**c. Email:** pittman-law.com

**d. Phone Number:** (850)216-1002

**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?**

Not started yet

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

Not started yet

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



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N/A