

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

1. Title of Project: Crooked Road Property Acquisition

Senate Sponsor: Bill Montford
 Date of Submission: 11/20/2017

### 4. Project/Program Description:

This project requests funding support to mitigate future flood damages and potential health and safety concerns. This project proposes to purchase an owner-occupied property located at 4908 Crooked Road, Tallahassee Florida. The parcel currently contains a single-family residential structure (approximately 1,296 square feet), served by an on-site septic system and well, and a detached garage (approximately 492 square feet). Once the property is obtained, the structures will be demolished, the septic system will be property abandoned, and the property will remain in open space in perpetuity.

### 5. State Agency Contacted? Yes

- a. If yes, which state agency? <u>Department of Environmental Protection</u>
- b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

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

Amount Requested for Operations	Amount Requested for	Total Amount of
	Fixed Capital Outlay	Requested State Funds
	150,000	150,000

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

Туре	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): 150,000

### 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?



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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:	Α	В	С
Funds Description: Input Amounts:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column 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?

LOCAL FUNDING LISTED AS "TBD" - SEN. MONTFORD'S OFFICE, 11/20 This project will mitigate flooding and associated septic tank hazards and will benefit property owners in the immediate area as well as the general environmental benefit to the Lower Ochlockonee River habitat.

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

Once the property is obtained, the structures will be demolished, the septic system will be properly abandoned, and the property will remain in open space in perpetuity.

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

Spending Category	Description	Amount
Administrative Costs		
☐Executive Director/Project Head Salary and Benefits		
□Other Salary and Benefits		
□Expense/Equipment/Travel/Supplies/Other		
□Consultants/Contracted Services/Study		
Operational Costs		



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☐Salary and Benefits		
□Expense/Equipment/Travel/Supplies/Other		
☐Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
☑Construction/Renovation/Land/Planning Engineering	Includes purchase of property, removal of structures, and abandonment of septic system	150,000
TOTAL		150,000

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

N/A

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

This project will benefit property owners in the immediate area and will be of general environmental benefit to the Lower Ochlockonee River habitat.

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

This project is a benefit to human health and safety, and the environment. Applied for HMGP funding.

- 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.
  N/A
- 13. Requestor Contact Information:

a. Name: <u>Andrew Johnson</u>b. <u>Organization: Leon County</u>

c. Email: JohnsonAn@LeonCountyFL.gov

**d. Phone Number:** (850)606-5383

14. Recipient Contact Information:

a. Organization: Leon County BOCC

b. County: Leon

c. Organization Type:



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

O For Profit

O Non Profit 501(c) (3)

O Non Profit 501(c) (4)

Local Entity

O University or College

O Other (Please specify)

d. Contact Name: Anna Padilla

e. E-mail Address: PadillaA@LeonCountyFL.gov

f. Phone Number: (850)606-1300

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

a. Name: Jeffrey Sharkey

b. Firm: <u>Capitol Alliance Group</u>c. Email: <u>jeffreyshark@gmail.com</u>d. Phone Number: (850)224-1600