



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Atlantic Beach Aquatic Gardens/Hopkins Creek Flood Mitigation

2. **Senate Sponsor:** Aaron Bean

3. **Date of Submission:** 12/06/2017

4. **Project/Program Description:**

Construction of a pumping facility capable of pumping up to 6 million gallons in 24 hours; purchase of a vacuum truck; tide gate purchase and installation; and stormwater pipe and drainage ditch upgrades.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Environmental Protection

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

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	250,000	20.0%
Other	0	0.0%
TOTAL	250,000	20.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,250,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



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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?

Proper flood mitigation, which is essential to community health and the safety of people and property.

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

Construction of a pumping facility capable of pumping up to 6 million gallons in 24 hours; purchase of a vacuum truck; tide gate purchase and installation; and stormwater pipe and drainage ditch upgrades.

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	Entire project, including vacuum truck purchase.	1,000,000
TOTAL		1,000,000

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

Protection of homes and property.

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

Approximately 1,500 residents

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

Reduced incidences of flooding of homes, property and roadways.

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?

Agreed to penalties with agency.

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 Atlantic Beach

13. Requestor Contact Information:

- a. **Name:** Joe Gerrity (City Manager)
- b. **Organization:** City of Atlantic Beach
- c. **Email:** kgerrity@coab.us
- d. **Phone Number:** (904)247-5806

14. Recipient Contact Information:

- a. **Organization:** City of Atlantic Beach
- b. **County:** Duval
- 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:** Joe Gerrity (City Manager)



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e. E-mail Address: jgerrity@coab.us

f. Phone Number: (904)247-5806

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)

N/A

18. What is the status of construction?

Planning Phase

19. What percentage of construction has been completed?

0

20. What is the estimated completion date of construction?

September 30, 2019