



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Ormond Beach Breakaway Trails Reclaimed Water Storage and Pump Station

2. **Senate Sponsor:** Travis Hutson

3. **Date of Submission:** 12/08/2017

4. **Project/Program Description:**

Breakaway Trails Reclaimed Water Storage and Pump Station

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
	2,025,000	2,025,000

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	675,000	25.0%
Other	0	0.0%
TOTAL	675,000	25.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 2,700,000

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.

FY:	Input Prior FY Appropriation for this project for FY 2017-18
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	(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?

Improve pressures and flows of the reclaimed water system and reduce nutrient loadings to the Halifax River

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

Construction services

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	Construction Improvements to reclaimed water storage tank and pump station	2,700,000
TOTAL		2,700,000

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

Improved Reclaimed Water Service

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

Estimated 4000 Ormond Beach Residents

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

Improve pressures and flows of the reclaimed water system and reduce nutrient loadings to the Halifax River, measured by meter readings for use of reclaimed water.

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?

Liquidated damages assessed to the contractor

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 Ormond Beach - Owner & Entity

13. Requestor Contact Information:

- a. **Name:** John Noble
- b. **Organization:** City of Ormond Beach
- c. **Email:** John.Noble@ormondbeach.org
- d. **Phone Number:** (386)676-3302

14. Recipient Contact Information:

- a. **Organization:** City of Ormond Beach
- b. **County:** Volusia
- c. **Organization Type:**
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☒ Local Entity
 - ☐ University or College



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☐ Other (Please specify)

d. Contact Name: John Noble

e. E-mail Address: John.Noble@ormondbeach.org

f. Phone Number: (386)676-3302

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

a. Name: Doug Bell

b. Firm: Metz, Husband and Daughton PA

c. Email: doug.bell@mhdfirm.com

d. Phone Number: (850)205-9000

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?

Ready for Construction

19. What percentage of construction has been completed?

0%

20. What is the estimated completion date of construction?

1/31/2020