

- 1. Title of Project: Port Manatee Stormwater Requirements Study
- 2. Senate Sponsor: Bill Galvano
- **3.** Date of Submission: <u>01/10/2018</u>
- 4. Project/Program Description:

Develop plans for the expansion of stormwater management areas to facilitate growth of future port infrastructure projects.

#### 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
200,000		200,000

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): 200,000

#### 9. Previous Year Funding Details:

- a. Has funding been provided in a previous state budget for this activity? <u>No</u>
- 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.



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?

<u>No</u>

#### **11.** Program Performance:

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

Develop plans for the expansion of stormwater management areas to facilitate growth of future port infrastructure projects.

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

Consultants/Contracted Services/Study

#### 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	Develop plans for the expansion of stormwater management areas to facilitate growth of future port infrastructure projects	200,000
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	
TOTAL	200,000

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

None

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

<u>N/A</u>

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

Identifying alternative off-site stormwater management options to allow future use of current on-port stormwater management areas for port-related infrastructure.

- 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? <u>Declare breach of contract and seek whatever remedies are available from consultant.</u>
- 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: Dave Sanford
  - b. Organization: Manatee County Port Authority
  - c. Email: dsanford@portmanatee.com
  - d. Phone Number: (941)721-2333
- 14. Recipient Contact Information:
  - a. Organization: Manatee County Port Authority
  - b. County: Manatee
  - c. Organization Type:
    - O For Profit



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Local Funding Initiative Request - Fiscal Year 2018-2019

- O Non Profit 501(c) (3)
- On Profit 501(c) (4)
- O Local Entity
- O University or College
- O Other (Please specify)
- d. Contact Name: Dave Sanford
- e. E-mail Address: dsanford@portmanatee.com
- f. Phone Number: (941)721-2333

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

- a. Name: Chris Lyon
- b. Firm: Laws, Longman & Walker, PA
- c. Email: clyon@llw-law.com
- d. Phone Number: (850)222-5702

## 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?

<u>N/A</u>

19. What percentage of construction has been completed?

N/A

20. What is the estimated completion date of construction?



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<u>N/A</u>