



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 3064

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Replacement of asbestos and cast iron water mains throughout the City. The replacements of these lines will improve the quality of drinking water for the residents and meet mandated EPA and FDEP requirements

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,600,000
<b>Total State Funds Requested</b>	<b>1,600,000</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,600,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>1,600,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

State revolving funds

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.

\$58,728.24 PPE, disinfecting, supplies, COVID Testing,



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## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. Status of Construction

a. What is the current phase of the project?

- Planning   
  Design   
  Construction

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

October 2023

d. What is the estimated completion date of construction?

December 2024

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

City of Lynn Haven

### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	No salaries or benefits requested	0
Other Salary and Benefits	None requested	0
Expense/Equipment/Travel/Supplies/Other	None requested	0
Consultants/Contracted Services/Study	None requested	0
<b>Operational Costs: Other</b>		
Salary and Benefits	None requested	0
Expense/Equipment/Travel/Supplies/Other	None requested	0
Consultants/Contracted Services/Study	None requested	0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Engineering/ permitting and construction	1,600,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,600,000</b>

### 14. Program Performance

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

To improve drinking water quality and meet EPA & FDEP requirements for lead and copper rule (LCL)2 or 56 FR 26460-26564

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

Replacement of asbestos and cast iron drinking water lines.

c. What direct services will be provided to citizens by the appropriation project?

Improved drinking water quality.

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



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The improvements could effect up to 5000 homes throughout the City.

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

Benefits will be in the removal of lead and copper from the drinking water. The measured outcome will be trough water quality monitoring throughout the City.

**f. 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 the contract?**

Loss of funding

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. Recipient Contact Information**

**a. Organization**

**b. Municipality and County**

**c. Organization Type**

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**

**17. Lobbyist Contact Information**

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**



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**Please complete the questions below for Water Projects only.**

**18. Have you applied for alternative state funding?**

- Waste Water Revolving Loan
- Drinking Water Revolving Loan
- Small Community Wastewater Treatment Grant
- Other (please specify) The City is abstaining from further debt after incurring \$30 million in debt from Hurricane Michael.
- N/A

**19. 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

**20. What is the status of construction?**

Not Ready.

**21. What percentage of the construction has been completed?**

0%

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

10/01/2024