

- 1. Project Title
- 2. Senate Sponsor
- 3. Date of Request
- 4. **Project/Program Description**

5. State Agency to receive requested funds

State Agency contacted? Yes No

6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020

Type of Funding	Amount
Operations	
Fixed Capital Outlay	
Total State Funds Requested	

7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)		%
Matching Funds		
Federal		%
State (excluding the amount of this request)		%
Local		%
Other		%
Total Project Costs for Fiscal Year 2019-2020		%

8. **Has this project previously received state funding?** Yes No If yes, provide the most recent instance:

 Fiscal Year (yyyy-yy)
 Amount
 Specific Appropriation #

9. Is future-year funding likely to be requested? Yes No

If yes, indicate nonrecurring amount per year.

Vetoed



10. Details on how the requested state funds will be expended

Spending Category	Description	Amount		
Administrative Costs:				
Executive Director/Project Head Salary and Benefits				
Thead Salary and Denenits				
Other Salary and Benefits				
Expense/Equipment/ Travel/Supplies/Other				
Consultants/Contracted Services/Study				
Operational Costs: Other				
Salary and Benefits				
Expense/Equipment/ Travel/Supplies/Other				
Consultants/Contracted Services/Study				
Fixed Capital Construction/Major Renovation:				
Construction/Renovation/ Land/Planning				
Engineering				
Total State Funds Requested (must equal total from question #6)				



11. Program Performance

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

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

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

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

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

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 in the contract?



12. 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.

13.	Requestor Contact Information	
	a. First Name	Last Name
	b. Organization	
	c. E-mail Address	
	d. Phone Number	Ext.
14.	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	
15.	Lobbyist Contact Information	
	a. Name	
	b. Firm Name	
	c. E-mail Address	
	d. Phone Number	Ext.



Please complete the questions below for Water Projects only.

16. Have you applied for alternative state funding?

Waste Water Revolving Loan Drinking Water Revolving Loan Small Community Wastewater Treatment Grant Other (please specify) 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?
- 19. What percentage of the construction has been completed?
- 20. What is the estimated completion date of construction?

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.