



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** City of Belleview Hurricane Flood Mitigation

2. **Senate Sponsor:** Dennis Baxley

3. **Date of Submission:** 11/15/2017

4. **Project/Program Description:**

Purchase of lands to create additional storm water storage to mitigate repetitive flooding issues.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Department of Environmental Protection

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
	225,000	225,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	400,000	64.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	400,000	64.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 625,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

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.



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>			

### 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?

Reduce recurring flooding on residential properties and roadways.

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

Purchase of lands to provide additional storm water storage.

#### 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	Purchase of lands to create additional storm water volume.	225,000
TOTAL		225,000

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

Storm water management and reduction of flooding.

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

Approximately 50 residential properties.

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

Additional storm water storage will provide for a 25 year/24 hour storm event.

**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?**

Return of unused funds.

**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 Belleview.

**13. Requestor Contact Information:**

- a. **Name:** Christine Dobkowski
- b. **Organization:** City of Belleview
- c. **Email:** cdobkowski@belleviewfl.org
- d. **Phone Number:** (352)245-7021

**14. Recipient Contact Information:**

- a. **Organization:** City of Belleview
- b. **County:** Marion
- c. **Organization Type:**
  - ☐ For Profit
  - ☐ Non Profit 501(c) (3)
  - ☐ Non Profit 501(c) (4)
  - ☒ Local Entity
  - ☐ University or College
  - ☐ Other (Please specify)



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**d. Contact Name:** Bruce Phillips

**e. E-mail Address:** bphillips@bellevuefl.org

**f. Phone Number:** (352)233-2110

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

**a. Name:** Patrick Bell

**b. Firm:** Capitol Solutions, Inc.

**c. Email:** pbell@capitolsolutions.biz

**d. Phone Number:** (850)544-0784

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

☐ Wastewater Revolving Loan

☐ Drinking Water Revolving Loan

☐ Small Community Wastewater Treatment Grant

☒ Other (Please describe): FEMA Mitigation Funding

☐ 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?**

Construction plans are approximately 50% complete, but construction has not commenced.

**19. What percentage of construction has been completed?**

Construction has not commenced, expected construction time is 120 days.

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

Approximately June 2019.