



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** City of Lynn Haven 1927 Gravity Sewer Rehabilitation No. 14457

2. **Senate Sponsor:** George Gainer

3. **Date of Submission:** 11/27/2017

4. **Project/Program Description:**

City of Lynn Haven 1927 Gravity Sewer Rehabilitation No.14457

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
	750,000	750,000

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)	500,000	33.3%
Local	250,000	16.7%
Other	0	0.0%
TOTAL	750,000	50.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,500,000

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.



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

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:	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?

The rehabilitation will eliminate the danger of failing 90 year old gravity sewer, which reduces inflow and infiltration.

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

The funds will be used for construction.

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 checked="" type="checkbox"/> Consultants/Contracted Services/Study	Construction Engineering and Inspection	150,000
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Construction of new gravity sewer and associated infrastructure.	600,000
TOTAL		750,000

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

The funds will allow the construction to proceed forward.

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

The City of Lynn Haven residents.

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

The benefit is to reduce inflow and infiltration into the aged sewers system and reduces flow to the City's Wastewater Treatment Facility.

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?

Suggested penalties are to implement no reimbursement if the work is not completed per the grant agreement timeline.

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 Lynn Haven.

13. Requestor Contact Information:

- a. **Name:** Chris Forehand
- b. **Organization:** Panhandle Engineering
- c. **Email:** cbf@panhandleengineering.com
- d. **Phone Number:** (850)596-1235

14. Recipient Contact Information:

- a. **Organization:** City of Lynn Haven
- b. **County:** Bay
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

- Non Profit 501(c) (4)
- Local Entity
- University or College
- Other (Please specify)

d. Contact Name: Chris Forehand

e. E-mail Address: cbf@panhandleengineering.com

f. Phone Number: (850)596-1235

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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number:

16. Have you applied for alternative state funding?

Wastewater Revolving Loan

Drinking Water Revolving Loan

Small Community Wastewater Treatment Grant

Other (Please describe): FDEP SRF - recently requested to be included in upcoming 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 will begin once funds are obtained.

19. What percentage of construction has been completed?

0%

20. What is the estimated completion date of construction?

Completion date will be 12 months after construction begins - estimated Sept. 2019