



# The Florida Senate

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

1. **Title of Project:** Neptune Beach - Indian Woods Water/Sewer Improvements

2. **Senate Sponsor:** Aaron Bean

3. **Date of Submission:** 11/28/2017

4. **Project/Program Description:**

City of Neptune Beach Indian Woods Water/Sewer Improvements

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
	1,885,550	1,885,550

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)	1,485,550	39.4%
Local	400,000	10.6%
Other	0	0.0%
TOTAL	1,885,550	50.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 3,771,100

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?

Capital improvements to remove and replace a portion of an aging and deteriorating potable water main/sewer grid.

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

Improve pressure and flows to the potable water distribution grid for residential customers and fire protection and improved sewer.

#### 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		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Water main & sewer improvements	1,885,550
TOTAL		1,885,550

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

Replacement of aging water/sewer lines installed in 1955.

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

Neptune Beach residents in the Indian Woods Subdivision.

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

Replacement of water and sewer lines. Staff will inspect to make sure done correctly.

**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?**

Non-payment of contract.

**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.**

The City of Neptune Beach is the owner and entity.

**13. Requestor Contact Information:**

- a. **Name:** Leon Smith
- b. **Organization:** City of Neptune Beach
- c. **Email:** dpw@nbfl.us
- d. **Phone Number:** (904)270-2423

**14. Recipient Contact Information:**

- a. **Organization:** City of Neptune Beach
- b. **County:** Duval
- c. **Organization Type:**
  - ☐ For Profit
  - ☐ Non Profit 501(c) (3)
  - ☐ Non Profit 501(c) (4)
  - ☒ Local Entity
  - ☐ University or College



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☐ Other (Please specify)

d. **Contact Name:** Andrew Hyatt

e. **E-mail Address:** cm@nbfl.us

f. **Phone Number:** (904)270-2400

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

a. **Name:** Robert Stuart

b. **Firm:** Gray Robinson

c. **Email:** Robert.Stuart@gray-robinson.com

d. **Phone Number:** (407)843-8880

**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?**

Planning stages

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

0%

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

July 2019