



# The Florida Senate

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

1. **Title of Project:** City of Monticello Environmental Protection - Emergency Generators

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 11/20/2017

4. **Project/Program Description:**

The purpose of the project is to protect the citizens of Monticello from unsafe wastewater during times of natural disaster or any other emergency where power to lift stations is lost. The wastewater emergency and emergency generators are owned, operated, and maintained by the City of Monticello.

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?  
Executive Office of the Governor

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
150,000		150,000

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)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 150,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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?

The purpose of the project is to protect the citizens of Monticello from unsafe wastewater during times of natural disaster or any other emergency where power to lift stations is lost. The wastewater emergency and emergency generators are owned, operated, and maintained by the City of Monticello.

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

Purchase, installation, and maintenance of the emergency generators.

#### 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 checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Generators	145,000



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<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Contractors	5,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		150,000

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

The citizens of Monticello will be better protected from dangerous wastewater as well as served by functionable sewer services during times of natural disaster or other emergencies where power to the lift stations is lost.

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

Citizens of Monticello, approx. 2600. This area is a Rural Area of Economic Concern, a Rural Area of Opportunity, and a Financially Disadvantaged Municipality.

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

To protect the environment and public water supply from effluent overflows. Methodology of measurement will be reduction and elimination of FDEP wastewater consent orders (spills).

**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?**

Withholding of 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.**

N/A

**13. Requestor Contact Information:**

- a. Name: City of Monticello
- b. Organization: City of Monticello City Council
- c. Email: swingate@mymonticello.net
- d. Phone Number: (850)354-5184

**14. Recipient Contact Information:**

- a. Organization: City of Monticello
- b. County: Jefferson
- c. Organization Type:
  - ☐ For Profit



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

- ☐ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☒ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

**d. Contact Name:** Rob Davis

**e. E-mail Address:** rhodavis@dewberry.com

**f. Phone Number:** (850)354-5185

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

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**