



# The Florida Senate

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

1. **Title of Project:** Santa Rosa County South End Health Department Drainage Project

2. **Senate Sponsor:** Doug Broxson

3. **Date of Submission:** 12/06/2017

4. **Project/Program Description:**

The project entails the installation of stormwater piping and a stormwater pond to reduce the potential for the flooding of the structure and the parking lot.

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 |
|---------------------------------|---|---------------------------------------|
|                                 | 473,000                                   | 473,000                               |

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):** 473,000

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<br/>for FY 2017-18</b><br>(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<br/>Recurring Funds *</b>   | <b>Prior Year<br/>Nonrecurring Funds *</b> | <b>Total Funds Appropriated<br/>(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?**

Construction of improvements for flood control at the County health Department facility.

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

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 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 | Construction to implement flood control improvements. | 473,000 |
| TOTAL   |   | 473,000 |

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

The structure that provides medical care to south end citizens will have less of a chance of being flooded during substantial rain storms.

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

This facility serves the vulnerable population who are primarily of low socioeconomic status. The facility serves well over 5,000 individuals annually.

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

Benefits will be in reduced flooding of the structure and the parking lot. The building has flooded on several occasions causing a loss of the vital services at this location.

**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?**

.The agency may consider 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.**

Santa Rosa County is both the owner and operator. Residents of the County will receive benefit from the project.

**13. Requestor Contact Information:**

- a. **Name:** Stephen Furman
- b. **Organization:** Santa Rosa County
- c. **Email:** StephenF@santarosa.fl.gov
- d. **Phone Number:** (850)981-7121

**14. Recipient Contact Information:**

- a. **Organization:** Santa Rosa County
- b. **County:** Santa Rosa
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity



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- University or College
- Other (Please specify)

d. **Contact Name:** Stephen Furman

e. **E-mail Address:** StephenF@santarosa.fl.gov

f. **Phone Number:** (850)981-7121

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

a. **Name:** Jon Johnson

b. **Firm:** Johnson & Blanton

c. **Email:** jon@teamjb.com

d. **Phone Number:** (850)224-1900

**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?**

Has not commenced.

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

0%

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

2019