



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Greenville Wastewater Collection System

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 12/11/2017

4. **Project/Program Description:**

Surveying, Design and Permitting for a gravity wastewater collection system to phase out septic tanks

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Environmental Protection

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

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
	2,000,000	2,000,000

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):** 2,000,000

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.

FY:	Input Prior FY Appropriation for this project for FY 2017-18
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	(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?

Yes

a. If yes, indicate non-recurring amount per year.

\$2,000,000

11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?

Phase out approximately 225 septic tanks

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

Initially the system must be surveyed, designed and permitted.

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	Survey, design, and permitting	2,000,000
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 type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		2,000,000

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

Providing a central sewer system and eliminating septic tanks

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

There are approximately 350 people in Greenville without sewer inside the city limits.

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

Removal of nitrogen and phosphorus loadings into the groundwater.

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?

Penalties would come from the County Health Dept. if the septic tanks should fail.

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 entity (town of Greenville) will be the owner of the facilities upon completion.

13. Requestor Contact Information:

- a. **Name:** Edward Dean
- b. **Organization:** Town of Greenville
- c. **Email:** edwardwalkerdean@gmail.com
- d. **Phone Number:** (850)948-2251

14. Recipient Contact Information:

- a. **Organization:** Town of Greenville
- b. **County:** Madison
- 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: Edward Dean

e. E-mail Address: edwardwalkerdean@gmail.com

f. Phone Number: (850)948-2251

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)

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?

Not started

19. What percentage of construction has been completed?

0

20. What is the estimated completion date of construction?

Project needs to be designed, surveyed, and permitted