



# The Florida Senate

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

1. **Title of Project:** Loxahatchee Groves Road Improvement Project

2. **Senate Sponsor:** Bobby Powell

3. **Date of Submission:** 01/11/2018

4. **Project/Program Description:**

Installation of a portable water supply, sanitary sewer, and improvement of city's transportation system

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
349,250	1,678,434	2,027,684

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	1,659,013	45.0%
Other	0	0.0%
TOTAL	1,659,013	45.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 2,027,684

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.

<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY <u>2017-18</u></b>
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	(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?

To improve portable water supply, installation of sewer lines, and pave D road from Southern Blvd to Okeechobee Blvd

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

N/A

#### 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	Engineer Consultant	430,000
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Engineer Consultant	205,000



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Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Construction	3,051,697
TOTAL		3,686,697

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

Improvement of water and sewer services, as well as road system for public safety

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

Residents, and visitors: 3200 residents and undetermined number of visitors for the Equestrian Season

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

Septic System eliminated; improved water quality, and assist in fire suppression

**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?**

\$1,000/day plus liquidated damages

**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.**

Town of Loxahatchee Groves

**13. Requestor Contact Information:**

- a. **Name:** David Browning
- b. **Organization:** City of Loxahatchee Groves
- c. **Email:** dbrowning@loxahatcheegrovesfl.gov
- d. **Phone Number:** (561)793-2418

**14. Recipient Contact Information:**

- a. **Organization:** City of Loxahatchee Groves
- b. **County:** Palm Beach
- c. **Organization Type:**
  - ☐ For Profit
  - ☐ Non Profit 501(c) (3)
  - ☐ Non Profit 501(c) (4)
  - ☒ Local Entity
  - ☐ University or College
  - ☐ Other (Please specify)
- d. **Contact Name:** David Browning



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e. E-mail Address: dbrowning@loxahatcheegrovesfl.gov

f. Phone Number: (561)793-2418

**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?**

None at present

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

None

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

21/31/2020