1. **Title of Project:** Lake County Hydrilla Treatment

2. **Senate Sponsor:** Dennis Baxley

3. **Date of Submission:** 01/31/2019

4. **Project/Program Description:**
   Funding request for additional hydrilla treatment for the Harris Chain of Lakes to prevent further degradation of the waterbodies.

5. **State Agency to receive requested funds:** Department of Environmental Protection

   State Agency Contacted? Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>5,000,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>5,000,000</td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>5,000,000</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td>5,000,000</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** Yes

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Recurring</th>
<th>Amount</th>
<th>NonRecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018-19</td>
<td>5,000,000</td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

9. **Is future-year funding likely to be requested?** Yes
   a. If yes, indicate non-recurring amount per year. $5,000,000.

10. **Details on how the requested state funds will be expended**

<table>
<thead>
<tr>
<th>Spending Category Administrative Costs:</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
11. Program Performance:

   a. What is the specific purpose or goal that will be achieved by the funds requested?
      Improved fishing and navigation within the waterbodies.

   b. What are the activities and services that will be provided to meet the intended purpose of these funds?
      The same mapping process lead by FWC staff will be utilized to determine needed areas and application methods.

   c. What are the direct services to be provided to citizens by the appropriations project?
      Improved fishing and navigation within the waterbodies.

   d. Who is the target population served by this project? How many individuals are expected to be served?
      All citizens who use this for fishing and navigating the waterbodies.

   e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
      Improved fishing and navigation within the waterbodies and increased number of tourist visits supporting the fishing tournaments.

   f. 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?
      Reduced funding in future years.

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: Mary Hamilton
   b. Organization: Lake County Board of County Commissioners
c. **E-mail Address:** mhamilton@lakecountyfl.gov  
d. **Phone Number:** (352)253-6006  

14. **Recipient Contact Information:**  
a. **Organization:** Lake County Board of County Commissioners  
b. **County:** Lake  
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:** Mary Hamilton  
e. **E-mail Address:** mhamilton@lakecountyfl.gov  
f. **Phone Number:** (352)253-6006  

15. **Lobbyist Contact Information**  
a. **Name:** Chris Carmody  
b. **Firm Name:** Gray-Robinson  
c. **E-mail Address:** chris.carmody@gray-robinson.com  
d. **Phone Number:** (407)843-8880  

Please complete the questions below for Water Projects only  

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?** Continued treatment for hydrilla.
19. What percentage of construction has been completed? N/A

20. What is the estimated completion date of construction? N/A