1. **Title of Project:** Port St. Joe Lagoon Maintenance - Year 2
2. **Senate Sponsor:** Bill Montford
3. **Date of Submission:** 02/22/2019
4. **Project/Program Description:**
   Compliance with FL DEP Consent Order.
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>130,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>130,000</strong></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>130,000</td>
<td>43.92%</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>83,000</td>
<td>28.04%</td>
</tr>
<tr>
<td>Local</td>
<td>83,000</td>
<td>28.04%</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><strong>296,000</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** No

<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></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

9. **Is future-year funding likely to be requested?** Yes
   a. If yes, indicate non-recurring amount per year. 130000

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>
<tr>
<td>Other 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?
   Compliance with FL DEP Consent Order.

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

c. What are the direct services to be provided to citizens by the appropriations project?
   Processing of Wastewater to acceptable levels by FL DEP.

d. Who is the target population served by this project? How many individuals are expected to be served?
   Elderly persons; persons with poor mental and physical health; jobless and economically disadvantaged persons; at-risk youth; homeless; developmentally and physically disabled; drug users (in health services); preschool, grade, high school university/college students; currently or formerly incarcerated persons, drug offenders (in criminal justice) and victims of crime.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
   Improve the processing of sanitary sewer to acceptable FL DEP standards - testing; provide safe processing of sanitary sewer to meet all DEP requirements - Lab testing; Improve Wastewater / Stormwater Management, and improve groundwater quality - Lab testing and FL DEP Compliance.

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?
   Additional monetary fines per day.

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 property is owned by the City of Port St. Joe.
13. Requestor Contact Information:
   a. Name: James Anderson
   b. Organization: City of Port St. Joe
   c. E-mail Address: janderson@psj.fl.gov
   d. Phone Number: (850)229-8261 Ext. 113

14. Recipient Contact Information:
   a. Organization: City of Port St. Joe
   b. County: Gulf
   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: Charlotte Pierce
   e. E-mail Address: cpierce@psj.fl.gov
   f. Phone Number: (850)229-8261

15. Lobbyist Contact Information
   a. Name: None
   b. Firm Name: None
   c. E-mail Address:
   d. Phone Number:

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): 1 year from State Revolving Fund $83,000
   □ 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
18. What is the status of construction? Ready

19. What percentage of construction has been completed? 0

20. What is the estimated completion date of construction? February 5, 2022