1. **Title of Project:** Hurricane Michael - Bay County - Stormwater Facilities

2. **Senate Sponsor:** George Gainer

3. **Date of Submission:** 03/05/2019

4. **Project/Program Description:**
   This project is needed to provide assistance to Bay County with the cost of repairs to its storm water facilities damaged by Hurricane Michael, including impoundments, drains, and pipes. Hurricane Michael deposited tons of sediment and debris in the County's storm drains, storm water impoundments and sewers. Cleaning out and repairing the storms drains, impoundments and sewers will cost in excess of $17,000,000. Bay County will be responsible for 12.5% of that amount.

5. **State Agency to receive requested funds:** Department of Economic Opportunity

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>2,125,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>2,125,000</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>2,125,000</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></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

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

9. **Is future-year funding likely to be requested?** No

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

    | Spending Category       | Description | Amount |
    |-------------------------|-------------|--------|
    | Administrative Costs:   |             |        |
    | Executive Director/Project Head Salary and | |    |
The Florida Senate
Local Funding Initiative Request
Fiscal Year 2019-2020

Local Funding Initiative Request
Fiscal Year 2019-2020
LFIR#: 2416

11. Program Performance:

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

The purpose of the requested funds is to help offset the cost of cleaning and repairing the storm drains, storm water impoundments, and sewers damaged by Hurricane Michael.

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

The service provided will be the retention of contractors to clean and repair the storm drains, storm water impoundments, and sewers.

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

The funds will assist Bay County's citizens by repairing and cleaning storm drains and sewers and repairing storm water impoundments - both of which provide vital services by safeguarding public health and property.

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

Bay County has a population of approximately 185,000 individuals.

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

The expected benefit is that the citizens of Bay County can have storm water facilities that function as intended.

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?

The money should be used for the project intended. If not, the suggested penalty is repayment of the 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.

The owners of the facility are the Bay County Board of County Commissioners and its citizens.

13. Requestor Contact Information:
   a. Name: Bob Majka
   b. Organization: Bay County
   c. E-mail Address: bmajka@baycountyfl.gov
   d. Phone Number: (850)248-8140

14. Recipient Contact Information:
   a. Organization: Bay County Board of County Commissioners
   b. County: Bay
   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: Bob Majka
   e. E-mail Address: bmajka@baycountyfl.gov
   f. Phone Number: (850)248-8140

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)
   ☑ 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?** N/A