



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1236

1. **Project Title** 2. **Senate Sponsor** 3. **Date of Request** 4. **Project/Program Description**

This project includes constructing central wastewater service to 1,933 properties to replace inadequate On-Site Wastewater Treatment and Disposal Systems (OSTDSs), restoring the storm water conveyance system to improve removal of sediment and pollutants, and educating property owners on Best Management Practices (BMPs) when applying pesticides, herbicides and fertilizers.

5. **State Agency to receive requested funds** State Agency contacted? ☒ Yes ☐ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input type="text" value="000"/>
Fixed Capital Outlay	<input type="text" value="2,000,000"/>
Total State Funds Requested	<input type="text" value="2,000,000"/>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input type="text" value="2000000"/>	<input type="text" value="10.0"/> %
Matching Funds		
Federal	<input type="text" value="650,000"/>	<input type="text" value="4"/> %
State (excluding the amount of this request)	<input type="text" value="00"/>	<input type="text" value="0"/> %
Local	<input type="text" value="16,100,000"/>	<input type="text" value="86"/> %
Other	<input type="text" value="00"/>	<input type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	<input type="text" value="18,750,000"/>	<input type="text" value="100"/> %

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

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. **Is future-year funding likely to be requested?** ☒ Yes ☐ NoIf yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Construct central vacuum station and infrastructure for conversion of 1,933 septic systems to central sewer	2,000,000
Total State Funds Requested (must equal total from question #6)		2,000,000



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11. Program Performance

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

The goal of this project is to improve water quality in the impaired waters of the Myakka River and Charlotte Harbor by abandoning and connecting 1,933 septic systems to central sewer.

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

Construction of a central vacuum station that will provide sewer service to 1,933 new users that have been converted from septic to sewer service.

c. What direct services will be provided to citizens by the appropriation project?

Central sewer service.

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

1,933 residents of all ages who live within the project boundaries.

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

Improve water quality in the impaired waters of Charlotte Harbor and the Myakka River. This will be measured through pre- and post project monitoring of nutrients, bacteria and contaminants in storm water and surface water.

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?

Non payment of invoices.



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12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

Charlotte County Board of County Commissioners.

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For-profit Entity
 - ☐ Non-Profit 501(c) (3)
 - ☐ Non-Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☒ Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.



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Please complete the questions below for Water Projects only.

16. **Have you applied for alternative state funding?**

- ☒ Waste Water Revolving Loan
- ☐ Drinking Water Revolving Loan
- ☐ Small Community Wastewater Treatment Grant
- ☐ Other (please specify)
- ☐ 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?**

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

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

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.