



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2196

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

Provide funding to eliminate the chance of a catastrophic environmental disaster and providing for the siting of a new facility properly sized to serve the City for four (4) decades of service life.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="1,500,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	1,500,000

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 style="width: 80%;" type="text" value="1500000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	1,500,000	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 style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

9. **Is future-year funding likely to be requested?** Yes No
- If 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	Costs to manage the study/assessment	50,000
Operational Costs: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Costs to conduct the study/assessment	1,450,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		1,500,000



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11. Program Performance

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

Clean water services

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

Helps to eliminate the chance of a catastrophic environmental disaster for more than the 150,000 Bay County residents and the surrounding waters.

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

Clean water services

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

General (The majority of funds will benefit no specific group), Helps to eliminate the chance of a catastrophic environmental disaster for more than the 150,000 Bay County residents and the surrounding waters

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

Helps to eliminate the chance of a catastrophic environmental disaster for more than the 150,000 Bay County residents and the surrounding waters.

- 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?

N/A



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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.**

The City of Panama City, Owner

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.