



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2207

1. **Project Title** Marianna - Old Cottdale Road Water Main Replacement

2. **Senate Sponsor** George Gainer

3. **Date of Request** 01/03/2020

4. **Project/Program Description**

This project is to replace water main located within the west end of Marianna. This water main serves predominately minority neighborhood along with a small business district of minority owned businesses.

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

State Agency contacted? ☐ Yes ☒ No

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

Type of Funding	Amount
Operations	<input type="text"/> 000
Fixed Capital Outlay	<input type="text"/> 464,200
Total State Funds Requested	<input type="text"/> 464,200

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"/> 464200	<input type="text"/> 100.0 %
Matching Funds		
Federal	<input type="text"/> 00	<input type="text"/> 0 %
State (excluding the amount of this request)	<input type="text"/> 00	<input type="text"/> 0 %
Local	<input type="text"/> 00	<input type="text"/> 0 %
Other	<input type="text"/> 00	<input type="text"/> 0 %
Total Project Costs for Fiscal Year 2020-2021	<input type="text"/> 464,200	<input type="text"/> 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 ☒ 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		
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	Replace Water Main on Old Cottdondale Road located within the City Limits of the City of Marianna	464,200
Total State Funds Requested (must equal total from question #6)		464,200



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11. Program Performance

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

Improve water quality and quantity within the City of Marianna which is located in Jackson County Rural Area of Opportunity (RAO). Improved infrastructure will enhance and improve economic development within the City. The City of Marianna was impacted by category 5 hurricane in October 2018.

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

Improved water quality and quantity which will enhance neighborhood development as well as economic development within the targeted service area.

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

Improved water quality and quantity

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

This project is located within the west end of Marianna both residential and small business will be served and benefit from the project.

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

Improved water service, which will be monitored by annual water quality test and fire flow testing which is done on bi-annual basis.

- 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?

Loss of funding should the City not use the funds within a realistic time frame.



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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 Marianna owns the Water system and will continue to do so after completion of the project.

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.