

LFIR # 1598

as the entity req	uesting this project r	eceived any fec	leral assistance relat	ed to the COVID-	19 pandemic?
a. If yes, indicate nonrecurring amount per year.  b. Describe the source of funding that can be used in lieu of state funding.					
9. Is future funding likely to be requested?					
	<b>g</b>				
Fiscal Year (yyyy-yy)	Amour Recurring	<u>nt</u> Nonrecurring	Specific Appropriation #	Vetoed	
	eviously received sta		No		I
tal Project Cost	s for Fiscal Year 2021	-2022	972,512	100%	
ner			0	0%	
cal			486,256	50%	
ite (excluding the	amount of this reques	st)	0	0%	
deral			0	0%	
Total State Funds Requested (from question #6)  Matching Funds			.00,200	2370	
<b>pe of Funding</b> al State Funds R	Requested (from questi	on #6)	Amount 486,256	Percentage 50%	
7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)					ect)
tal State Funds	Requested			486,256	
ed Capital Outlay	<i></i>			486,256	
erations				0	
pe of Funding			Amou	ınt	
te Agency conta ount of the Non	acted? No recurring Request fo	r Fiscal Year 20	21-2022		
te Agency to re	ceive requested fund	<b>S</b> Departme	nt of Environmental P	rotection	
s tank needs sor ly high water der some piping and	ne improvements to av	oid water quality ect will include a that will result in	degradation and ensudiction of a mixer to av	ure immediate acce void water stratifica	ess to this water during ation in the tank, as well
ject/Program D	escription				
te of Request	02/11/2021				
nate Sponsor	Lori Berman				
ject ritte	Delray Beach Owens Baker Tank Improvements				
n e	ate Sponsor  e of Request  ect/Program D  e Owens Baker is stank needs sor	Lori Berman  2 of Request 02/11/2021  2 oct/Program Description  3 Owens Baker finished water storage tank needs some improvements to average tank needs t	Lori Berman  2 of Request 02/11/2021  2 dect/Program Description  3 Owens Baker finished water storage tank is part of the tank needs some improvements to avoid water quality	ate Sponsor  Lori Berman  2 of Request  02/11/2021  iect/Program Description  2 Owens Baker finished water storage tank is part of the Delray Beach Utilities tank needs some improvements to avoid water quality degradation and ensured	ate Sponsor Lori Berman  e of Request 02/11/2021



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11	Details on how the requested st	ate funds will be expended	
ı	Spending Category	Description	Amount
	Administrative Costs:	Ò	
	Executive Director/Project Head Salary and Benefits		(
	Other Salary and Benefits		(
	Expense/Equipment/Travel/Supplies/ Other		(

# Operational Costs: Other Salary and Benefits 0 Expense/Equipment/Travel/Supplies/Other 0 Consultants/Contracted Services/Study 0

Construction/Renovation/Land/ Planning Engineering Construction cost only 486,256

Total State Funds Requested (must equal total from question #6) 486,256

#### 12. Program Performance

Consultants/Contracted Services/Study

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

If yes, indicate the amount of funds received and what the funds were used for.

Improved water quality and hydraulic. Meeting the water demand of local residents during peak flow demand.

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

Should the City be able to improve the water tank's hydraulics, the service that will be provided is better meeting the water needs of local residents during peak flow demand.

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

Higher quality of water and service.

Fixed Capital Construction/Major Renovation:

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

20,000

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

Improved chlorine residuals and overall water quality

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 the contract?

Total coliform positive
low chlorine residual
low pressure



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13.	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.				
	Public entity.				
	City of Delray Beach				



#### **The Florida Senate**

#### Local Funding Initiative Request Fiscal Year 2021-2022

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14. Requestor Contact Information						
	a. First Name	Hassan		Last Name	Hadjimiry	
	b. Organization	City of Delray Beach Utilities Department				
	c. E-mail Address	hadjimiryh@mydelraybeach.com				
	d. Phone Number	(561)243-7303 <b>Ext.</b>				
15.	15. Recipient Contact Information					
	a. Organization	City of Delray Beach				
	b. Municipality and	l County	Palm Beach			
	c. Organization Type					
	□For Profit Entity					
	□Non Profit 501(c	c)(3)				
	□Non Profit 501(c	2)(4)				
	□Local Entity					
	□University or Co	ollege				
	☑Other (please sp	pecify) City Government				
	d. First Name	Hassan		Last Name	Hadjimiry	
	e. E-mail Address	hadjimiryh@mydelraybeach.com				
	f. Phone Number	(561)243-7303				
16.	16. Lobbyist Contact Information					
	a. Name	None				
	b. Firm Name	None				
	c. E-mail Address	s				
	d. Phone Number					



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#### Please complete the questions below for Water Projects only.

17.	17. 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			
18. \	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			
19. '	What is the status of construction?			
	Start September 2021			
20. '	What percentage of the construction has been completed?			
	0			
21. What is the estimated completion date of construction?				
	08/31/2021			