

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 3281

| 1. Project Title | Havana Waste Water Lift Station Project |
|------------------|---|
| | |

2. Senate Sponsor Corey Simon

3. Date of Request 01/10/2024

4. Project/Program Description

The purpose of this funding request is to repair/replace four failing lift stations in Havana. These repairs are required by FDEP consent order. Havana is working with FDEP SRF for project funding but cannot afford the agreement amount. Total project costs will exceed \$3,000,000.

5. State Agency to receive requested funds

Department of Environmental Protection

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

| Type of Funding | Amount |
|-----------------------------|-----------|
| Operations | 0 |
| Fixed Capital Outlay | 1,000,000 |
| Total State Funds Requested | 1,000,000 |

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

| Type of Funding | Amount | Percentage |
|--|-----------|------------|
| Total State Funds Requested (from question #6) | 1,000,000 | 31% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 2,200,000 | 69% |
| Local | 0 | 0% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2024-2025 | 3,200,000 | 100% |

8. Has this project previously received state funding? No

| Fiscal Year | Amo | ount | Specific | Vetoed |
|-------------|-----------|--------------|-----------------|--------|
| (уууу-уу) | Recurring | Nonrecurring | Appropriation # | |
| | | | | |

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

No

Yes

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



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Received ARPA funds - \$850,000. Some of the funding has been used for first responder salary increases, Well 1 Infrastructure Repair, Electric infrastructure maintenance, revenue loss.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

| I/A |
|-----|
| / |

| b. Is the project "shovel ready" | (i.e permitted)? | |
|----------------------------------|------------------|--|
| | | |

| c. | What is | the e | estimated | start | date of | construction? | |
|----|---------|-------|-----------|-------|---------|---------------|--|
| | | | | | | | |

| d. What is the estimated completion date of construction? | 12/30/2026 |
|---|------------|
| | 12/00/2020 |

12. List 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.

Yes

07/01/2024

Town of Havana

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

| Spending Category | Description | Amount |
|--|--|-----------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | | 0 |
| Other Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/ Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs: Other | | |
| Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/ Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Fixed Capital Construction/Majo | r Renovation: | |
| Construction/Renovation/Land/ Planning Engineering | The proposed project is shovel ready and has been permitted and designed. The requested funds will facilitate the construction of the proposed facilities. Total FDEP consent order project costs anticipated to exceed \$3,000,000. FDEP SRF funding agreement is more than Havana can afford to pay. | 1,000,000 |
| Total State Funds Requested (m | ust equal total from question #6) | 1,000,000 |

14. Program Performance

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

Provide functional and updated WW system for community. Havana has a consent order from FDEP for these lift stations.

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



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Provide functional and updated WW system for community.

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

Clean, safe, modernized WW system.

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

2000

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

The level of benefit can be measured by the efficiency in delivery of waste to the treatment plant. Total reduction in alarm calls for pump stoppages. Reduction in calls for service. Total reduction in waste spills.

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?

Necessary measures should be taken to ensure all deliverables and performance measures within this request are met. For that purpose, internal reporting and compliance measures are taken including audits performed by the Auditor General for both the Town of Havana and the State of Florida. If the project is not completed in accordance with the requirements set forth the funding may be withdrawn.

15. Requester Contact Information

| a. First Name | Kendrah | | Last Name | Wilkerson | |
|-----------------------|-------------------------|--------------------------|-----------|-----------|--|
| b. Organization | Town of Havana | | | | |
| c. E-mail Address | manager | manager@townofhavana.com | | | |
| d. Phone Number | (850)539 | (850)539-2820 Ext. | | | |
| 16. Recipient Contact | Informatio | on | | | |
| a. Organization | Town of H | Havana | | | |
| b. Municipality and | d County | Gadsden | | | |
| c. Organization Ty | ре | | | | |
| Ger Profit Entity | У | | | | |
| □Non Profit 501(c |)(3) | | | | |
| □Non Profit 501(c | □Non Profit 501(c)(4) | | | | |
| ☑Local Entity | ☑Local Entity | | | | |
| □University or Co | □University or College | | | | |
| □Other (please sp | □Other (please specify) | | | | |
| d. First Name | Kendrah | | Last Name | Wilkerson | |
| e. E-mail Address | manager | @townofhavana. | com | | |
| f. Phone Number | (850)539-2820 | | | | |



17. Lobbyist Contact Information

| a. Name | None |
|-------------------|------|
| b. Firm Name | |
| c. E-mail Address | |
| d. Phone Number | |

Please complete the questions below for Water Projects only.

18. Have you applied for alternative state funding?

- Waste Water Revolving Loan
- Drinking Water Revolving Loan
- □ Small Community Wastewater Treatment Grant
- □ Other (please specify)
- D N/A

19. 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

20. What is the status of construction?

Not started

21. What percentage of the construction has been completed?

0

22. What is the estimated completion date of construction?

12/30/2026