



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

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

5. **State Agency to receive requested funds**

State Agency contacted?      Yes      No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

| Type of Funding                    | Amount |
|------------------------------------|--------|
| Operations                         |        |
| Fixed Capital Outlay               |        |
| <b>Total State Funds Requested</b> |        |

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

| Type of Funding                                      | Amount | Percentage |
|--|--------|------------|
| Total State Funds Requested (from question #6)       |        | %          |
| <b>Matching Funds</b>                                |        |            |
| Federal  |        | %          |
| State (excluding the amount of this request)         |        | %          |
| Local  |        | %          |
| Other  |        | %          |
| <b>Total Project Costs for Fiscal Year 2019-2020</b> |        | %          |

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

If yes, provide the most recent instance:

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
|                          |           |              |                             |        |

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 |
|--|-------------|--------|
| <b>Administrative Costs:</b>   |             |        |
| Executive Director/<br>Project Head Salary<br>and Benefits             |             |        |
| Other Salary and<br>Benefits   |             |        |
| Expense/Equipment/<br>Travel/Supplies/Other                            |             |        |
| Consultants/<br>Contracted Services/<br>Study                          |             |        |
| <b>Operational Costs: Other</b>  |             |        |
| Salary and Benefits  |             |        |
| Expense/Equipment/<br>Travel/Supplies/Other                            |             |        |
| Consultants/<br>Contracted Services/<br>Study                          |             |        |
| <b>Fixed Capital Construction/Major Renovation:</b>                    |             |        |
| Construction/<br>Renovation/Land/<br>Planning Engineering              |             |        |
| <b>Total State Funds Requested (must equal total from question #6)</b> |             |        |



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#### 11. Program Performance

- a. What specific purpose or goal will be achieved by the funds requested?
  
  
  
  
  
  
  
  
  
  
- b. What activities and services will be provided to meet the intended purpose of these funds?
  
  
  
  
  
  
  
  
  
  
- c. What direct services will be provided to citizens by the appropriation project?
  
  
  
  
  
  
  
  
  
  
- d. Who is the target population served by this project? How many individuals are expected to be served?
  
  
  
  
  
  
  
  
  
  
- e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
  
  
  
  
  
  
  
  
  
  
- 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?



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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.**

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.  
352-343-9841

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?**

Estimated completion will be within nine (9) months of approved funding.

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