



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





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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.

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 twelve (12) months of approved funding.

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