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- 2. Senate Sponsor
- 3. Date of Request
- 4. Project/Program Description

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State Agency contacted?

Yes No

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

Type of Funding	Amount
Operations	
Fixed Capital Outlay	
Total State Funds Requested	

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)		%
Matching Funds		
Federal		%
State (excluding the amount of this request)		%
Local		%
Other		%
Total Project Costs for Fiscal Year 2019-2020		%

8. Has this project previously received state funding? Yes No lf yes, provide the most recent instance:

Fiscal Year	Amo	Specific		
(yyyy-yy)	Recurring	Nonrecurring	Appropriation #	Vetoed

9. Is future-year funding likely to be requested?

No

Yes

If yes, indicate nonrecurring amount per year.



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: Oth	er				
Salary and Benefits					
Expense/Equipment/ Travel/Supplies/Other					
Consultants/ Contracted Services/ Study					
Fixed Capital Construction/Major Renovation:					
Construction/ Renovation/Land/ Planning Engineering					
Total State Funds Re	quested (must equal total from question #6)				



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l1.	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?
	penalities for failing to meet deliverables or performance measures provided for in the contract?



12.	The owners of the facil	ity to receive,	directly or ind	directly, any t	fixed capital	outlay funding
	Include the relationship	between the	owners of the	e facility and	the entity.	

13.	Re	equestor Contact Information	
	a.	First Name	Last Name
	b.	Organization	
	c.	E-mail Address	
	d.	Phone Number 352-343-9841	Ext.
14.	Re	cipient 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.	Lo	bbyist 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.

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