

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

5. State Agency to receive requested funds

State Agency contacted? Y

Yes No

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

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

7. Total Project Cost for Fiscal Year 2022-2023 (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 2022-2023		%



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

Appropriation #	Vetoed
	рргорпалоп "

- 9. Is future-year funding likely to be requested? Yes No
 - 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 Yes No federal assistance related to the COVID-19 pandemic?

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



11. 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 Construc	tion/Major Renovation:	
Construction/Renovation/ Land/Planning Engineering		
Total State Funds Re	quested (must equal total from question #6)	



12

2.	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?



			indirectly, any fixe	d capital outlay	funding. Include
the relationship	p between the ov	vners of the facili	ty and the entity.		_

14.	Requestor Contact Information	
	a. First Name	Last Name
	b. Organization	
	c. E-mail Address	
	d. Phone Number	Ext.
15.	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	
16.	Lobbyist Contact Information	
	a. Name	
	b. Firm Name	
	c. E-mail Address	
	d. Phone Number	Ext.
	_	



Please complete the questions below for Water Projects only.

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?
- 20. What percentage of the construction has been completed?
- 21. What is the estimated completion date of construction?

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