

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: North Port Permanent Bypass Pumps and Control Systems

2. Date of Submission: 11/13/2017

3. House Member Sponsor: Julio Gonzalez

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- Has funding been provided in a previous state budget for this activity? No
If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
	Column: A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non- vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					500,000	500,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Environmental Protection

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

No additional penalties above standard liquidated damages in the City of North Port contract.

6. Requester:

- a. Name: Mike Acosta
- b. Organization: City of North Port
- c. Email: MAcosta@cityofnorthport.com
- d. Phone #: (941)240-8013

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Mike Acosta
- b. Organization: City of North Port
- c. Email: MAcosta@cityofnorthport.com
- d. Phone #: (941)240-8013

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Leslie Dughi
- b. Firm: Greenberg Traurig, P.A.
- c. Email: DughiL@gtlaw.com
- d. Phone #: (850)521-8571

9. Organization or Name of entity receiving funds:

- a. Name: City of North Port
- b. County (County where funds are to be expended): Sarasota
- c. Service Area (Counties being served by the service(s) provided with funding): Sarasota

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

North Port Utilities would be installing permanent bypass pumps at our 107 lift stations to avert sanitary sewer overflow. With Hurricane Irma behind us, we have learned a few things in regards to our lift stations. Our man power in the field could be better used for other emergency needs once we have these pumps installed at our lift stations. These pumps will have a float system installed that will turn on the pumps once the well is full and pump the wastewater to our plant for treatment.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Permanent Bypass Pumps and Control Systems	500,000
TOTAL		500,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

For Profit

Non Profit 501(c) (3)

Non Profit 501(c) (4)

Local Government (e.g., police, fire or local government buildings, local roads, etc.)

State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

No

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

The purchase and installation of the permanent bypass pumps and control system.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Continuation of wastewater service during wide spread power outages. The public health and the environment will also benefit from this project.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

Elderly persons

Persons with poor mental health

Persons with poor physical health

- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		

<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	The install of these pumps would keep the wastewater out of the natural environment.	Measurement of sanitary sewer overflows during wide spread power outages.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	This would protect the public health by keeping the wastewater in the wastewater facilities.	Measurement of sanitary sewer overflows during wide spread power outages.
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual?s economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input checked="" type="checkbox"/> Improve wastewater management	This would provide the pumping capability during wide spread power outages and keeps the wastewater in the system.	Measurement of sanitary sewer overflows during wide spread power outages.
<input checked="" type="checkbox"/> Improve stormwater management	This would provide the pumping capability during wide spread power outages and prevents sanitary sewer overflows from entering the stormwater management system.	Measurement of sanitary sewer overflows into the stormwater system during wide spread power outages.

<input checked="" type="checkbox"/> Improve groundwater quality	This would provide the pumping capability during wide spread power outages and prevents sanitary sewer overflows from entering the superficial aquifer.	Measurement of sanitary sewer overflows into the groundwater during wide spread power outages.
<input checked="" type="checkbox"/> Improve drinking water quality	This would provide the pumping capability during wide spread power outages and prevents sanitary sewer overflows from entering the drinking water sources.	Measurement of sanitary sewer overflows into the drinking water during wide spread power outages.
<input checked="" type="checkbox"/> Improve surface water quality	This would provide the pumping capability during wide spread power outages and prevents sanitary sewer overflows from entering surface water bodies.	Measurement of sanitary sewer overflows into the surface water during wide spread power outages.
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	500,000	66.7%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	250,000	33.3%	No
5. Other:	0	0.0%	No

TOTAL	750,000	100%	
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20. Is this a multi-year project requiring funding from the state for more than one year?

Yes

20a. How much state funding would be requested after 2018-19 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

- Ongoing activity ? no total cost
- <1M
- 1-3M
- >3-10M
- >10M