Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Suwannee County Greenway Master Plan

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Elizabeth Porter

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

a. 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

- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
Column:	Α	В	С	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					485,000	485,000

- 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? No
- 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.

6. Requester:

	a. Name: <u>Greg Scott</u>
	b. Organization: Suwannee County Parks and Recreation
	c. Email: wgscott@suwanneeparks.com
	d. Phone #: <u>(386)362-3004</u>
7. Cc	ontact for questions about specific technical or financial details about the project:
	a. Name: Greg Scott
	b. Organization: Suwannee County Parks and Recreation
	c. Email: wgscott@suwanneeparks.com
	d. Phone #: (386)362-3004
	
R Is	there a registered lobbyist working to secure funding for this project?
0. 15	a. Name: Christopher Dawson
	b. Firm: Gray Robinson
	c. Email: Chris.Dawson@gray-dawson.com
	d. Phone #: (407)843-8880
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9 ∩r	ganization or Name of entity receiving funds:
J. O 1	a. Name: Suwannee County
	b. County (County where funds are to be expended): <u>Suwannee</u>
	c. Service Area (Counties being served by the service(s) provided with funding): Suwannee
	en service (countries semig served by the service(s) provided than runamigh <u>survainnee</u>
10. V	What type of organization is the entity that will receive the funds? (Select one)
-0. •	O For Profit
	O Non Profit 501(c) (3)
	O Non Profit 501(c) (4)
	Local Government
	O University or College
	O Other (Please describe)
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11. What is the specific purpose or goal that will be achieved by the funds being requested?

To expand transportation based recreation facilities in Suwannee County (a Rural Area of Opportunity), stimulate civic pride. The facilities will draw from an existing regional eco-tourism market and aid efforts in revitalization and expand tourism potential, create the opportunity to connect to other North Florida Greenways, as desired by FDEP, recapture the river heritage, provide increased access to natural area, culturally significant areas, stimulate health and exercise.

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:		
□a. Executive Director/Project Head Salary and Benefits		
□b. Other Salary and Benefits		
□c. Expense/Equipment/Travel/Supplies/Other		
☑d. Consultants/Contracted Services/Study	Consultant Engineering, Grant Administration Services, Permitting, Survey, Cultural Resource Study	485,000
Operational Costs:		
□e. Salaries and Benefits		
☐f. Expenses/Equipment/Travel/Supplies/Other		
☐g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
□h. Construction/Renovation/Land/Planning Engineering		
TOTAL		485,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of own will the facility be under when complete? (Select one correct option) N/A	wnership
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, majorganizational backing, or other expressions of support? No	jor
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? Services are to provide a Master Plan for Suwannee County Trail System with trail amenities, select survey, permitting, cultural re assessments, to plan the connection between the Spirit of the Suwannee Park to the Town of Branford.	esource
17b. Describe the direct services to be provided to the citizens by the funding requested. Trail would provide increased access to natural area, enhance health quality of life of citizens and provide economic stimulus.	
17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or group 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	os.").

□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 gro	oup)
☑Other (Please describe): General Public	
17d. How many in the target population are expected to be serve	ed?
O< 25	
O25-50	
O51-100	
O101-200	
O201-400	
O401-800	
⊙>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
☑Improve physical health	improved health, improve life	quality of life
☑Improve mental health	access to natural areas to de-stress	quality of life
☑Enrich cultural experience	access to history and natural areas	quality of life
□Improve agricultural production/promotion/education		
☑Improve quality of education	access to natural area grows awareness of the environment	quality of life
□Enhance/preserve/improve environmental or fish and		

wildlife quality			
☑Protect the general public from harm (environmental, criminal, etc.)	would provide area for recreation off of public right-of-ways	decrease pedestrian accidents	
☑Improve transportation conditions	provide area for recreation off of public right-of-way	decrease pedestrian accidents	
☑Increase or improve economic activity	project would draw from an existing regional eco-tourism market, contributing to the revitalization of Suwannee County	Economic growth	
☑Increase tourism	project would draw from an existing regional eco-tourism market, contributing to the revitalization of Suwannee County	Economic growth	
□Create specific immediate job opportunities			
□Enhance specific individual?s economic self sufficiency			
□Reduce recidivism			
□Reduce substance abuse			
□Divert from Criminal/Juvenile justice system			
□Improve wastewater management			
□Improve stormwater management			
□Improve groundwater quality			
□Improve drinking water quality			
□Improve surface water quality			
□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?
Amount Requested from the State in this Appropriations Project Request:	485,000	100.0%	N/A
2. Federal:	0	0.0%	No
State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	485,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year? No