# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

- 1. Title of Project: St. Pete Beach Sanitary Sewer Improvements
- 2. Date of Submission: <u>11/14/2017</u>
- 3. House Member Sponsor: <u>Kathleen Peters</u> Members Copied:

## 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? <u>Yes</u> *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? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?  $\underline{\mbox{No}}$
- d. Complete the following Project Request Worksheet to develop your request:

| FY:                   | Input Prior Year Appropriation for this project<br>for FY 2017-18<br>(If appropriated in 2017-18 enter the<br>appropriated amount, even if vetoed.) |                                     |  | Develop New Funds Request<br>for FY 2018-19<br>(Requests for additional RECURRING funds are prohibited.) |                                 |  |
|-----------------------|---|-------------------------------------|--|--|---------------------------------|--|
| Column:               | А   | В                                   | С  | D  | E                               | F  |
| Funds<br>Description: | Prior Year<br>Recurring<br>Funds  | Prior Year<br>Nonrecurring<br>Funds | Total Funds<br>Appropriated<br>(Recurring plus<br>Nonrecurring:<br>column A + column<br>B) | Recurring Base<br>Budget<br>(Will equal non-<br>vetoed amounts<br>provided in Column<br>A)               | Additional Nonrecurring Request | TOTAL Nonrecurring plus<br>Recurring Base Funds<br>(Will equal the amount<br>from the Recurring base in<br>Column D plus the<br>Additional Nonrecurring<br>Request in Column E.) |
| Input<br>Amounts:     |   | 1,000,000                           | 1,000,000  |  | 2,500,000                       | 2,500,000  |

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? 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.

Deliverables must be met in order to receive funding.

6. Requester:

- a. Name: <u>Alan Johnson</u>
- b. Organization: City of St. Pete Beach
- c. Email: ajohnson@stpetebeach.org
- d. Phone #: <u>(727)543-2794</u>
- 7. Contact for questions about specific technical or financial details about the project:
  - a. Name: <u>Wayne Saunders</u>
  - b. Organization: City of St. Pete Beach
  - c. Email: wsaunders@stpetebeach.org
  - d. Phone #: (727)363-9231

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

- a. Name: None
- b. Firm: <u>None</u>
- c. Email:
- d. Phone #:
- 9. Organization or Name of entity receiving funds:
  - a. Name: City of St. Pete Beach
  - b. County (County where funds are to be expended): Pinellas
  - c. Service Area (Counties being served by the service(s) provided with funding): Pinellas
- 10. What type of organization is the entity that will receive the funds? (Select one)
  - 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)

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

Environmental goal of eliminating/reducing sewer overflow from surcharged sewer system that currently overflows during major storm events resulting in unavoidable discharge of sewer into Boca Ciega Bay. Economic goal of providing needed system capacity to allow for development and redevelopment, especially for aging hotels. Current System has no available capacity to accommodate additional flow from development, expansion projects or replacement.

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

| Provide specific details of the object. (Select di the dppy) |  |  |  |  |
|--|--|--|--|--|
| Spending Category  | Description  | Nonrecurring<br>(Should equal 4d, Col. E) Enter ?0? if<br>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                    |  |  |  |  |
| 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        | Sanitary Sewer Infrastructure<br>Engineering permitting construction<br>and directly related costs | 2,500,000  |  |  |
| TOTAL  |  | 2,500,000  |  |  |

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)

OFor Profit

ONon Profit 501(c) (3)

ONon Profit 501(c) (4)

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

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

etc.)

OOther (Please describe)

14. Is the project request an information technology project? N/A

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?

Yes

15a. Please Describe:

Public Presentations held and support expressed by residents and businesses

- 16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served? <u>Yes</u>
  - 16a. Please Describe:

Model Capacity Report, City of St.Pete Beach, September 2016 by Kimley Horn and Associated, INC.

- 17. Will the requested funds be used directly for services to citizens? N/A
- 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<br>or outcome | Describe the method for measuring level<br>of benefit |
|--------------------|---|---|
|--------------------|---|---|

| □Improve physical health  |   |  |
|---|---|--|
| □Improve mental health  |   |  |
| □Enrich cultural experience   |   |  |
| □Improve agricultural production/promotion/education                  |   |  |
| □Improve quality of education   |   |  |
| ☑Enhance/preserve/improve environmental or fish and wildlife quality  | Eliminate sewer discharge                                 | Documented SSO   |
| ☑Protect the general public from harm (environmental, criminal, etc.) | Eliminate sewer discharge                                 | Documented SSO   |
| □Improve transportation conditions                                    |   |  |
| ☑Increase or improve economic activity                                | Allow for new development and redevelopment to proceed    | Growth data  |
| ☑Increase tourism   | Provide needed capacity for rooms added (hotels, tourism) | Re-development and expansion of<br>tourist accommodations. Additional<br>rooms cannot be built without<br>requested sewer improvements |
| ☑Create specific immediate job opportunities                          | Major Construction Projects                               | Growth data  |
| □Enhance specific individual?s economic self sufficiency              |   |  |
| □Reduce recidivism  |   |  |
| □Reduce substance abuse   |   |  |
| Divert from Criminal/Juvenile justice system                          |   |  |
| Improve wastewater management   | Improve System to eliminate overflows and add capacity    | Frequency and overflow/discharges  |

| □Improve stormwater management              |                                   |   |
|---|-----------------------------------|---|
| □Improve groundwater quality                |                                   |   |
| □Improve drinking water quality             |                                   |   |
| ☑Improve surface water quality              | Eliminate discharge to Bay        | Documented SSO  |
| ØOther (Please describe): Economic Benefits | Allow development/ re-development | Development and redevelopment<br>projects being permitted especially<br>tourist related |

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<br>funds guaranteed in<br>writing? |
|---|------------|------------------|---|
| 1. Amount Requested from the State in this Appropriations<br>Project Request: | 2,500,000  | 22.7%            | 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:   | 8,500,000  | 77.3%            | No  |
| 5. Other:   | 0          | 0.0%             | No  |
| TOTAL   | 11,000,000 | 100%             |   |

- 20. Is this a multi-year project requiring funding from the state for more than one year? <u>No</u>
- 21. What is the revenue source of ongoing operating funds? Sanitary Sewer Service Fees

- 22. Has local approval been given for ongoing operating funds? <u>Yes</u>
- 23. Have you applied for alternative state funding?
  - $\Box$ a. Wastewater Revolving Loan
  - □b. Drinking Water Revolving Loan
  - □c. Small Community Wastewater Treatment Grant
  - $\Box$ d. Other (Please describe)
  - ⊠e. N/A
- 24. Has project been addressed in a local, regional, or state plan? <u>Yes</u>
  - 24a. If Yes, insert plan name and cite page numbers. St. Pete Beach model Capacity Report
- 25. Is the project for a financially disadvantaged community? (as defined in Chapter 62-552, F.A.C.) No
- 26. What is the population economic status?
  - Oa. Financially Disadvantaged Municipality
  - Ob. Rural Area of Critical Economic Concern
  - Oc. Rural Community Experiencing Economic Distress

⊙d. N/A

27. What is the status of planning?

⊙a. Ready

- Ob. Not Ready
- 28. What percentage of the planning process has been completed? 100%
- 29. What is the estimated planning completion date? Currently completed

- 30. What is the status of design?⊙a. ReadyOb. Not Ready
- 31. What percentage of design has been completed? 10%
- 32. What is the estimated design completion date? 06/01/2018
- 33. List all required permits. FDOT, DEP
- 34. What is the status of permitting?
  - ⊙a. Planned
  - Ob. Submitted
  - Oc. Received
- 35. What is the status of construction?Oa. Ready⊙b. Not Ready
- 36. What percentage of construction has been completed?0%
- 37. What is the estimated completion date of construction? 12/01/2019