Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Madeira Beach Groin Project

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Kathleen Peters

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.)			(Reque	Develop New Funds Request for FY 2018-19 equests 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:					1,100,000	1,100,000	

- 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.

the project will be competitively bid and the winning contractor will be paid only as work is completed and verified

a. Name: <u>Walt Pierce</u>
b. Organization: <u>City of Madeira Beach</u>
c. Email: wpierce@madeirabeachfl.gov
d. Phone #: <u>(727)391-9951</u>
. Contact for questions about specific technical or financial details about the project:
a. Name: Walt Pierce
b. Organization: <u>City of Madeira Beach</u>
c. Email: wpierce@madeirabeachfl.gov
d. Phone #: (727)391-9951
3. Is there a registered lobbyist working to secure funding for this project?
a. Name: Alan Suskey
b. Firm: <u>Suskey Consulting</u>
c. Email: as@suskeyconsulting.com
d. Phone #: (850)510-8314
. Organization or Name of entity receiving funds:
a. Name: City of Madeira 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
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.0. 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)
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DD #: 1250

6. Requester:

11. What is the specific purpose or goa	I that will be achieved b	v the funds bein	ig requested?
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The funds will be used for the restoration of the decades old beach groins that provide for the Madeira Beach area's beach sand.

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

Provide specific details off flow furius will be sperit. (Select all		
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		
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	The funds will be used for the restoration of the decades old beach groins that provide for the Madeira Beach area's beach sand.	1,100,000
TOTAL		1,100,000

^{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) OLocal 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? 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? Yes
15a. Please Describe: The current stage of the groins have been evaluated as unsafe and unproductive for beach re-nourishment.
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? Beach groins that are currently decayed and not serving their purpose will be rehabilitated to protect the beaches.
17b. Describe the direct services to be provided to the citizens by the funding requested. Protection of beach erosion, sustained longevity of beaches and less of a need for frequent beach re-nourishment.
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 s	served?	
18.	What benefits or outcomes will be realized by the expenditur	re of funds requested? (Select each Bene	efit/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		
	□Improve mental health		
	□Enrich cultural experience		

□Improve agricultural production/promotion/education

☑Improve quality of education	The groins are an innovative solution to the beach renourishment issue and are often studied by area students for effectiveness and current models.	Increase in use of groins as a teaching model for area students	
☑Enhance/preserve/improve environmental or fish and wildlife quality	The sole purpose of the groins is to preserve the beach sand and have proven to be incredibly effective over the last 60 years.	Continued beach sand retention in Madeira Beach	
□Protect the general public from harm (environmental, criminal, etc.)			
□Improve transportation conditions			
☑Increase or improve economic activity	Attracting greater number of beachgoers as the beaches are the city's number one attraction	Percentage increase of persons to the beach areas	
☑Increase tourism	Tourists from around the world visit Madeira Beach for the sand and water	Percentage increase in tourists visiting the area	
□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:	1,100,000	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	1,100,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year? $\underline{\text{No}}$