## **Appropriations Project Request - Fiscal Year 2020-21**

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Cape Coral North Wellfield Expansion

2. Date of Submission: <u>11/15/2019</u>3. House Member Sponsor: Dane Eagle

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 2019-20 (If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)			(Reque	Develop New Funds Request for FY 2020-21 sts for additional RECURRING funds ar	e 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:					5,000,000	5,000,000

- 5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? 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.

The penalties that the City would risk would be jeopardizing any future endeavors or considerations from the State for funding opportunities. Also on a larger scale the penalties that the City would incur would be to fund this and any other effort entirely by itself. Negotiations for the return of funds if the City fails to use the funding in the manner described.

- 6. Requester:
  - a. Name: Jeff Pearson
  - b. Organization: City of Cape Coral Utilities
  - c. Email: jpearson@capecoral.net
  - d. Phone #: (239)574-0709
- 7. Contact for questions about specific technical or financial details about the project:
  - a. Name: Jeff Pearson
  - b. Organization: City of Cape Coral Utilities
  - c. Email: jpearson@capecoral.net
  - d. Phone #: (239)574-0709
- 8. Is there a registered lobbyist working to secure funding for this project?
  - a. Name: <u>Nick Matthews</u> b. Firm: Becker & Poliakoff
  - c. Email: nmatthews@beckerlawyers.com
  - d. Phone #: (813)767-7656
- 9. Organization or Name of entity receiving funds:
  - a. Name: City of Cape Coral
  - b. County (County where funds are to be expended): Lee
  - c. Service Area (Counties being served by the service(s) provided with funding): Lee
- 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

0	University or College	
0	Other (Please describe	e)

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

Install five (5) groundwater production wells within the Upper Floridan Aquifer providing additional raw water capacity to ensure adequate supply to the City of Cape Coral's North Reverse Osmosis Plant Water Treatment Plant. Currently, at least five (5) existing water production wells are experiencing increasingly high chloride levels requiring pumping capacities to be significantly reduced (or shutdown) at those wells in order mitigate the potential impact on the plant & source water aquifer.

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		
Operational Costs:		
☐e. Salaries and Benefits		
☐f. Expenses/Equipment/Travel/Supplies/Other		
☑g. Consultants/Contracted Services/Study	Professional design and bid phase consulting services	185,000
Fixed Capital Construction/Major Renovation:		
☑h. Construction/Renovation/Land/Planning Engineering	Seismic, construction, and CEI services	4,815,000

	For the Fixed Capital Costs requested with this issue (In Question 12, category "h. Fixed Capital Outlay" was selected), what type of ownership 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,
eto	c.)
	OOther (Please describe)

5,000,000

- 14. Is the project request an information technology project?
- 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?

<u>No</u>

TOTAL

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

Water Science Associates, Stantec and RMA Geologic City of Cape Coral Comprehensive Update to Utilities, Water Supply, Storage & Disposal Programs

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

□Improve mental health		
□Enrich cultural experience		
□Improve agricultural production/promotion/education		
□Improve quality of education		
□Enhance/preserve/improve environmental or fish and wildlife quality		
□Protect the general public from harm (environmental, criminal, etc.)		
□Improve transportation conditions		
□Increase or improve economic activity		
□Increase tourism		
□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	The project will enhance the efficiency of the City's North Reverse Osmosis Plant's overall water	Specific wellfield data, groundwater testing.

	production operations.	
□Improve surface water quality		
□Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 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:	5,000,000	78.0%	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:	1,410,695	22.0%	Yes
5. Other:	0	0.0%	No
TOTAL	6,410,695	100%	

- 20. Is this a multi-year project requiring funding from the state for more than one year? No
- 21. What is the revenue source of ongoing operating funds? City of Cape Coral utility billing
- 22. Has local approval been given for ongoing operating funds?  $\underline{\text{Yes}}$

23.	Have you	applied for	alternative	state	funding	:
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☐a. Wastewater Revolving Loan

□b. Drinking Water Revolving Loan

	<ul><li>□c. Small Community Wastewater Treatment Grant</li><li>□d. Other (Please describe)</li><li>☑e. N/A</li></ul>
24.	Has project been addressed in a local, regional, or state plan? <u>No</u>
25.	Is the project for a financially disadvantaged community? (as defined in Chapter 62-552, F.A.C.) $\underline{\text{No}}$
26.	What is the population economic status?  Oa. Financially Disadvantaged Municipality  Ob. Rural Area of Critical Economic Concern  Oc. Rural Community Experiencing Economic Distress  Od. N/A
27.	What is the status of planning?  ②a. Ready  Ob. Not Ready
28.	What percentage of the planning process has been completed? 100
29.	What is the estimated planning completion date? 4/30/2019
30.	What is the status of design?
31.	What percentage of design has been completed? 50
32.	What is the estimated design completion date? 12/31/2019

33. List all required permits.

EPA, FDEP/FDOH (ERP), SFWMD (Water Use), FDOT

- 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? 12/31/2022