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

For projects meeting the Definition of House Rule 5.14

1. Title of Project: <u>Tampa Bay Water Cypress Bridge Wellfield Improvements</u>

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

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 an	e prohibited.)
Column:	А	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:					250,000	250,000

- 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.

# Funds revert to the state

6. Requester:

a. Name: Michelle Storm
b. Organization: Tampa Bay Water, A regional Water Authority
c. Email: mstom@tampabaywater.org
d. Phone #: <u>(727)791-2305</u>
7. Contact for questions about specific technical or financial details about the project:  a. Name: Michelle Storm  b. Organization: Tampa Bay Water, A regional Water Authority  c. Email: mstom@tampabaywater.org  d. Phone #: (727)791-2305
8. Is there a registered lobbyist working to secure funding for this project?
a. Name: None
b. Firm: None
c. Email:
d. Phone #:
9. Organization or Name of entity receiving funds:
a. Name: Tampa Bay Water, A Regional Water Authority
b. County (County where funds are to be expended): Hillsborough, Pasco
c. Service Area (Counties being served by the service(s) provided with funding): Hillsborough, Pasco, 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)
O Local Government
O University or College
<ul> <li>Other (Please describe) Special District of the State of Florida</li> </ul>
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#### 11. What is the specific purpose or goal that will be achieved by the funds being requested?

The Cypress Bridge Wellfield in Hillsborough and Pasco Counties supplies an average of 11 MGD and up to a maximum of 40 MGD of drinking water to the Tampa Bay region. The project includes design services for the replacement of pumps, motors, generators and electrical and instrumentation of ten water production wells.

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	A professional engineering consulting firm procured by Tampa Bay Water will provide design services during the design phase of the project.	250,000
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		250,000

will	For the Fixed Capital Costs requested with this issue (In Quest 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 boostate agency owned facility (For example: college or universe.)  OOther (Please describe)	ouildings, local roads, etc.)	
L4.	Is the project request an information technology project?		
orga	Is there any documented show of support for the requested panizational backing, or other expressions of support? <u>No</u>	project in the community including publi	c hearings, letters of support, major
	Has the need for the funds been documented by a study, com $\underline{\text{No}}$	npleted by an independent 3rd party, for	the area to be served?
L7.	Will the requested funds be used directly for services to citize	ens?	
l8.	What benefits or outcomes will be realized by the expenditur	re of funds requested? (Select each Bene	
	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		
□Improve surface water quality		
☑Other (Please describe): Increase Reliability of Water Supply	The expected outcomes include, reduction of safety and security hazards and reduction of operation and maintenance cost reductions due to right sized and more efficient pumps and motors. Also, the arc flash hazard of the new equipment	The outcome will be measured by tracking, energy usage and costs and safety and security incidents and compare to a baseline period preceding the completion of the project. The arc flash will be measured by completing a

will be zero or nearly	

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:	250,000	100.0%	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:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	250,000	100%	

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 red	quested after	2020-21	over the next 5	vears?

O<1M

O1-3M

⊙>3-10M

O>10M

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

O1 year

⊙2 years

O3 years

O4 years

O>= 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".  Oongoing activity − no total cost  O<1M  O1-3M  ⊙>3-10M  O>10M
21.	What is the revenue source of ongoing operating funds? Uniform Water Rate from sales of wholesale water
22.	Has local approval been given for ongoing operating funds?  Yes
23.	Have you applied for alternative state funding?  □a. Wastewater Revolving Loan □b. Drinking Water Revolving Loan □c. Small Community Wastewater Treatment Grant □d. Other (Please describe) □de. N/A
24.	Has project been addressed in a local, regional, or state plan?  Yes
	24a. If Yes, insert plan name and cite page numbers.  Tampa Bay Water FY 2020-2029 Capital Improvement Program, page 60
25.	Is the project for a financially disadvantaged community? (as defined in Chapter 62-552, F.A.C.) <u>No</u>
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? ⊙a. Ready Ob. Not Ready
28.	What percentage of the planning process has been completed? 100%
29.	What is the estimated planning completion date? 07/19/2019
30.	What is the status of design?
31.	What percentage of design has been completed? 0%

- completed?
- 32. What is the estimated design completion date? 03/29/2021
- 33. List all required permits. **Environmental Resources Permit, Building Permits**
- 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? 10/16/2023