

The Florida House of Representatives
Appropriations Project Request - Fiscal Year 2022-23
For projects meeting the definition of House Rule 5.14

1. Title of Project: Hernando County Central Fueling Facility
2. Date of Submission: 11/15/2021
3. House Member Sponsor: Blaise Ingoglia

4. Details of Amount Requested:

- a. Has funding been provided in a previous state budget for this activity? No
- 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 2021-22 (If appropriated in 2021-22 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2022-23 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated	Recurring Base Budget	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds
Input Amounts:					980,000	980,000

- e. Provide the total cost of the project for FY 2022-23 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?
1. Amount Requested from the State in this Appropriations Project Request	980,000	75.9%	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	311,500	24.1%	No

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5. Other	0	0.0%	No
TOTAL	1,291,500	100%	

5. Is this a multi-year project requiring funding from the state for more than one year?

No

6. Which is the most appropriate state agency to place an appropriation for the issue requested? Department of Economic Opportunity

a. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No

b. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Revoke funding if the fueling facility is not constructed

7. Requester:

a. Name: Gordon Onderdonk

b. Organization: Hernando County Utilities Department

c. Email: Gonderdonk@hernandocounty.us

d. Phone #: (352)540-4368

8. Contact for questions about specific technical or financial details about the project.

a. Name: Brenda Peshel

b. Organization: Hernando County Fleet Department

c. Email: Bpeshel@hernandocounty.us

d. Phone #: (352)754-4023

9. Registered lobbyist working to secure funding for this project.

a. Name: Shawn Foster

b. Firm: Sunrise Consulting Group

c. Email: foster@scgroup.us

d. Phone #: (727)808-4131

10. Organization or Name of entity receiving funds:

a. Name: Hernando County Fleet Department

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b. County (County where funds are to be expended): Hernando

c. Service Area (Counties being served by the service(s) provided with funding): Hernando

11. What type of organization is the entity that will receive the funds?

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

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

The County does not have adequate fueling reserves for its first responder critical services (Fire Rescue, Ambulances, Public Works, and Utilities) to respond to natural disasters and hurricanes (or any event that may disrupt the transport and delivery of fuel). During Hurricane Irma, the County became close to running out of fuel and had to make tough decisions on what to provide fuel for. This project will construct a new fueling facility to provide critical services.

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

Spending Category	Description	Amount Requested (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Consultant services used for bidding, inspection, and engineering services during	90,000

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	construction	
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Funds will be applied to demolish a functionally obsolete fueling station and construct a new fueling facility with more fuel reserves	890,000
TOTAL		980,000

14. For Fixed Capital Costs requested in Question 13, what type of ownership will the facility be under when complete?
- For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Government (e.g., police, fire or local government buildings, local roads, etc.)
 - State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
 - Other (Please describe)

15. Is the project request an information technology project?
No

16. 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?

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Yes

a. Please Describe:

The project was presented and approved by the Hernando County Board of County Commissioners at their regular meeting on September 28, 2021

17. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

a. Please Describe:

Hernando County Emergency Management performed an after action report following Hurricane Irma which identified the need for more fueling reserves for the County.

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

No

19. 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 or outcome
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Provide adequate fuel for emergency services to the public (fire, ambulance, public works,	Demolition of an existing functionally obsolete fueling facility and construction of a new

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	utilities) during a natural disaster or event when there is a disruption in the transport and delivery of fuel.	central fueling facility with additional fueling reserves.
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		