



Agriculture & Natural Resources Appropriations Subcommittee

Tuesday, January 16, 2018
11:30 AM – 2:30 PM
Morris Hall

Meeting Packet



The Florida House of Representatives
Appropriations Committee
Agriculture & Natural Resources Appropriations Subcommittee

Richard Corcoran
Speaker

Ben Albritton
Chair

AGENDA

Tuesday, January 16, 2018

Morris Hall

11:30 am – 2:30 pm

- i. Call to Order/Roll Call
- ii. Opening Remarks by Chair Albritton
- iii. Consideration of Appropriations Project Bills:
 1. 2005
 2. 2037
 3. 2145
 4. 2317
 5. 2335
 6. 2337
 7. 2355
 8. 2585
 9. 2821
 10. 2965
 11. 3095
 12. 3113
 13. 3141
 14. 3225
 15. 3339
 16. 3421
 17. 3921
 18. 4049
 19. 4167
- iv. Closing Remarks and Adjournment

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Inglis Sub Regional Waste Water Treatment Plant

2. Date of Submission: 09/26/2017

3. House Member Sponsor: Charlie Stone

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
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? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
	Column: A	Column: B	Column: C	Column: D	Column: E	Column: F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		500,000	500,000		3,000,000	3,000,000

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.

Return the funds to the State

6. Requester:

- a. Name: Drinda Merrit
- b. Organization: Town of Inglis, Fl
- c. Email: mayordrindamerritt@gmail.com
- d. Phone #: (352)447-3585

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

- a. Name: Drinda Merrit
- b. Organization: Town of Inglis, Fl
- c. Email: mayordrindamerritt@gmail.com
- d. Phone #: (352)447-3585

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: Town of Inglis
- b. County (County where funds are to be expended): Levy
- c. Service Area (Counties being served by the service(s) provided with funding): Levy

10. What type of organization is the entity that will receive the funds? (Select one)

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

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

Review Easements and draw proposed sewage layout decide cost effective installation and best products. Apply for any State or County easements necessary. Request locates of all Public utilities. GIS all of it. Determine where sewer piping can go and make adjustments accordingly. Bring in at least two manufactures to bid the project. Prepare proposed layout from there Purchase pipe. Installation of treatment plant concurrent with pilot advanced potable system.

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:		
<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	Advertisements for RFQ and RFP's Engineers evaluation and assist the city with the secretion of a contractor. Emaciate work site prep, geological studies laying the lines.	3,000,000
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 type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		

TOTAL		3,000,000
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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)

N/A

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:

Letter of support and community feed back

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?

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 or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Reduction of nutrient loading to an outstanding Florida Water way (Withlachooshee River)	Water testing
<input checked="" type="checkbox"/> Improve mental health	With failing septic systems the resident on fixed incomes have sever amounts of stress due to financial constraints	Reduced negative perception

<input checked="" type="checkbox"/> Enrich cultural experience	Ability to bring in future development	Job creation
<input checked="" type="checkbox"/> Improve agricultural production/promotion/education	Reuse spray field	Hay production
<input checked="" type="checkbox"/> Improve quality of education	Brings awareness of the need for environmental protection	Attendance at earth day functions save the water day functions
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Meet BMP proposed standards will not negatively impact TMDL. Reduce invasive aquatic growth.	A return to natural Florida habitat
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Protect the public from raw discharge from septic systems in major rain events	To reduce the chance of illness or death due to bacteria that is found in raw septic discharge
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Encourage more business development bring more jobs to a rural area of opportunity	Increased tax revenue
<input checked="" type="checkbox"/> Increase tourism	By restoring the natural Florida Habitat	Increased sales tax dollars Gas tax dollars Increased bed tax dollars
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Living wage construction jobs	Decrease in unemployment number
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	By increased employment	Less of the population on government subsidy
<input checked="" type="checkbox"/> Reduce recidivism	By increased employment	Reduction in crime
<input checked="" type="checkbox"/> Reduce substance abuse	By increased employment	Reduction arrest for drug crimes
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	By employment	Reduction of crime
<input checked="" type="checkbox"/> Improve wastewater management	Reduce septic tank leaking reduce pollutants to the river	Water testing

<input type="checkbox"/> Improve stormwater management		
<input checked="" type="checkbox"/> Improve groundwater quality	Reduction of nutrients	Water testing
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> 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?
1. Amount Requested from the State in this Appropriations Project Request:	3,000,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column E)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	3,000,000	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 requested after 2018-19 over the next 5 years?

<1M

1-3M

>3-10M

>10M

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

- 1 year
- 2 years
- 3 years
- 4 years
- >= 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?.

- ongoing activity ? no total cost
- <1M
- 1-3M
- >3-10M
- >10M

21. What is the revenue source of ongoing operating funds?

Customer billing

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): Enterprise Florida Rural Infrastructure Grant
- e. 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.

Town of Inglis Comprehensive Plan Chapter 4 Page 2

25. Is the project for a financially disadvantaged community? (as defined in Chapter 62-552, F.A.C.)

Yes

26. What is the population economic status?
Oa. Financially Disadvantaged Municipality
ⓐ. Rural Area of Critical Economic Concern
Oc. Rural Community Experiencing Economic Distress
Od. N/A
27. What is the status of planning?
ⓐ. Ready
Ob. Not Ready
28. What percentage of the planning process has been completed?
10%
29. What is the estimated planning completion date?
12/01/2017
30. What is the status of design?
Oa. Ready
ⓐ. Not Ready
31. What percentage of design has been completed?
0%
32. What is the estimated design completion date?
09/01/2018
33. List all required permits.
Town Buliding Permits; DEP Permits
34. What is the status of permitting?
ⓐ. Planned
Ob. Submitted
Oc. Received

35. What is the status of construction?

a. Ready

b. Not Ready

36. What percentage of construction has been completed?

0%

37. What is the estimated completion date of construction?

09/30/2019

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Inglis Sub Regional Waste Water Treatment Plant;
 4 providing an appropriation; providing an effective
 5 date.

6
 7 Be It Enacted by the Legislature of the State of Florida:

8
 9 Section 1. Inglis Sub Regional Waste Water Treatment Plant
 10 is an Appropriations Project as defined in The Rules of The
 11 Florida House of Representatives and is described in
 12 Appropriations Project Request 25, herein incorporated by
 13 reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 15 of \$3,000,000 from the General Revenue Fund is appropriated to
 16 the Department of Environmental Protection to fund the Inglis
 17 Sub Regional Waste Water Treatment Plant as described in
 18 Appropriations Project Request 25.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Penney Farms Storm Water Update
2. Date of Submission: 09/27/2017
3. House Member Sponsor: Bobby Payne
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
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? Yes
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
	Column: A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		500,000	500,000		650,000	650,000

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.

Failure to meet deliverables without notification of good reasoning, will result in cancellation of the contract.

6. Requester:

- a. Name: David Cooper
- b. Organization: Town of Penney Farms, City Manager
- c. Email: PenneyFarms@bellsouth.net
- d. Phone #: (904)529-9078

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

- a. Name: Catherine Parrott
- b. Organization: Town of Penney Farms, Grants Coordinator
- c. Email: cathiepenneyfarms@bellsouth.net
- d. Phone #: (904)529-9078

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: Town of Penney Farms
- b. County (County where funds are to be expended): Clay
- c. Service Area (Counties being served by the service(s) provided with funding): Clay

10. What type of organization is the entity that will receive the funds? (Select one)

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

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

The Town of Penney Farms was chartered in 1927. The original storm water pipes are still in the older parts of the Town. These pipes are small in diameter and are completely inadequate to handle the level of storm water drainage today. Funding would be used to replace these pipes with a larger diameter piping and move storm water north to an existing retention pond, rather than south to a ditch.

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:		
<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 type="checkbox"/> d. Consultants/Contracted Services/Study		
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	Funding would be used for engineering and construction of existing storm drainage on Poling Boulevard and piping that water north to a nearby retention pond.	650,000
TOTAL		650,000

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)

- 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)

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:

Persons living on Poling Boulevard are often faced with potential flooding and requests are frequently made for better storm drainage. The Town yearly hires a company to grind up roots that have come through the terracotta piping and break up silt deposits. This is a major expense to a small Town.

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:

Mittauer and Associates has worked with the Town to consider possibilities for this project.

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	Describe the method for measuring level
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	or outcome	of benefit
<input checked="" type="checkbox"/> Improve physical health	Visual ability to see roads and sidewalks.	Persons in the Town will be able to move about more freely.
<input checked="" type="checkbox"/> Improve mental health	Measure fear associated with flooding, will decrease.	Decrease in storm water flooding.
<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 type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input checked="" type="checkbox"/> Improve transportation conditions	Use of roads and sidewalks in the Town.	Visibility of roads and sidewalks for use.
<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 checked="" type="checkbox"/> Improve stormwater management	New piping will increase storm water flows.	Increased level of storm water flow. In addition receding water levels throughout the Town.
<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):		

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?
1. Amount Requested from the State in this Appropriations Project Request:	650,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column E)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	650,000	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?

Water, wastewater and solid waste fees/diminishing state franchise fees.

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): Considering CDBG Funding
- e. 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.

Town of Penney Farms Comprehensive Plan 2025 Capital Improvement Element (Pages C1 8-9)

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?

- a. Financially Disadvantaged Municipality
- b. Rural Area of Critical Economic Concern
- c. Rural Community Experiencing Economic Distress
- d. N/A

27. What is the status of planning?

- a. Ready
- b. Not Ready

28. What percentage of the planning process has been completed?

90%

29. What is the estimated planning completion date?

11/01/2018

30. What is the status of design?
 a. Ready
 b. Not Ready
31. What percentage of design has been completed?
0%
32. What is the estimated design completion date?
03/01/2018
33. List all required permits.
As required by FDEP and SJWMD
34. What is the status of permitting?
 a. Planned
 b. Submitted
 c. Received
35. What is the status of construction?
 a. Ready
 b. Not Ready
36. What percentage of construction has been completed?
0%
37. What is the estimated completion date of construction?
12/01/2018

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Penney Farms Storm Water Update; providing an
 4 appropriation; providing an effective date.

5
 6 Be It Enacted by the Legislature of the State of Florida:

7
 8 Section 1. Penney Farms Storm Water Update is an
 9 Appropriations Project as defined in The Rules of The Florida
 10 House of Representatives and is described in Appropriations
 11 Project Request 26, herein incorporated by reference.

12 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 13 of \$650,000 from the General Revenue Fund is appropriated to the
 14 Department of Environmental Protection to fund the Penney Farms
 15 Storm Water Update as described in Appropriations Project
 16 Request 26.

17 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Glades County Caloosahatchee River & Estuary Area Wastewater
2. Date of Submission: 10/30/2017
3. House Member Sponsor: Cary Pigman
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.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column:	A	B	C	D	E
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:					891,848	891,848

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.

Non-payment of invoices

6. Requester:

- a. Name: Paul Carlisle
- b. Organization: Glades County
- c. Email: pcarlisle@myglades.com
- d. Phone #: (863)946-6000

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

- a. Name: Paul Carlisle
- b. Organization: Glades County
- c. Email: pcarlisle@myglades.com
- d. Phone #: (863)946-6000

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

- a. Name: Connie Vanassche
- b. Firm: CAS Governmental Services, LLC
- c. Email: casgovser@gmail.com
- d. Phone #: (561)512-0089

9. Organization or Name of entity receiving funds:

- a. Name: Glades County
- b. County (County where funds are to be expended): Glades
- c. Service Area (Counties being served by the service(s) provided with funding): Glades

10. What type of organization is the entity that will receive the funds? (Select one)

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

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

Purpose/goal is improved life, health, safety, & protection of State water resources, the environment, & wildlife habitats with the removal of 39 old and failing septic tanks, lift stations/package plants that are directly leaching into the Caloosahatchee River Basin & Estuary, Lake Okeechobee & the Everglades West Coast watersheds & ultimately south into the Florida Everglades. Project is located in an area of rural economic opportunity; augments/supports permitting agencies, reduces pollutants.

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:		
<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 type="checkbox"/> d. Consultants/Contracted Services/Study		
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	Contractual Engineering and Construction Services	891,848
TOTAL		891,848

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)

- 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)

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:

Local Mitigation Strategy Plan, Public Hearing, Dec. 21, 2016, Glades County Delegation meeting January 6, 2017

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?

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 or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Reduction of pollutants, nitrogen, phosphorus, TMDLS entering critical State waters	Removing 39 old/failing septic tanks, and package plants, adding to a regional system and measuring

		subsequent water quality.
<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 checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Reduction of pollutants, nitrogen, phosphorus, TMDLs entering critical State waters -- Caloosahatchee River Basin & Estuary/ Lake Okeechobee, Everglades West Coast Watershed	80% sewage will not enter the environment; 20% will not migrate to water tables Measuring subsequent water quality by removal of 39 old/failing septic tanks, package plants and adding to regional system.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Reduction of pollutants, nitrogen, phosphorus, TMDLs entering critical State waters -- Caloosahatchee River Basin & Estuary/ Lake Okeechobee, Everglades West Coast Watershed	80% sewage will not enter the environment; 20% will not migrate to water tables Measuring subsequent water quality by removal of 39 old/failing septic tanks, package plants and adding to regional system.
<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 checked="" type="checkbox"/> Improve wastewater management	Pollution source reduced with the removal of 39 old/failing septic tanks, package plants and conversion to sewer.	80% sewage will not enter the environment; 20% will not migrate to water tables Measuring subsequent water quality by removal of 39 septic tanks, old failing package plants and adding to regional system.
<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):		

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?
1. Amount Requested from the State in this Appropriations Project Request:	891,848	60.6%	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:	580,271	39.4%	Yes
5. Other:	0	0.0%	No
TOTAL	1,472,119	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?
Utility Budget
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)
e. 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.
Glades County/City of Moore Haven Local Mitigation Strategy Plan, Page XXII4
25. Is the project for a financially disadvantaged community? (as defined in Chapter 62-552, F.A.C.)
Yes
26. What is the population economic status?
a. Financially Disadvantaged Municipality
b. Rural Area of Critical Economic Concern
c. Rural Community Experiencing Economic Distress
d. N/A
27. What is the status of planning?
a. Ready
b. Not Ready

28. What percentage of the planning process has been completed?
100%

29. What is the estimated planning completion date?
06/16/2016

30. What is the status of design?
 a. Ready
 b. Not Ready

31. What percentage of design has been completed?
100%

32. What is the estimated design completion date?
06/30/2017

33. List all required permits.
FDEP-SFWMD

34. What is the status of permitting?
 a. Planned
 b. Submitted
 c. Received

35. What is the status of construction?
 a. Ready
 b. Not Ready

36. What percentage of construction has been completed?
0%

37. What is the estimated completion date of construction?
12/31/2020

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Parker Watermain Replacement

2. Date of Submission: 10/30/2017

3. House Member Sponsor: Jay Trumbull

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- 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
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column:	A	B	C	D	E
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:					659,370	659,370

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.

Liquidated damages should be incorporated into the contract documents

6. Requester:

- a. Name: Mayor Richard Musgrave
- b. Organization: City of Parker
- c. Email: richmusgrave@cityofparker.com
- d. Phone #: (850)871-4104

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

- a. Name: Dina Bautista, P.E.
- b. Organization: Dewberry | Preble-Rish
- c. Email: dbautista@dewberry.com
- d. Phone #: (850)571-1175

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: City of Parker
- b. County (County where funds are to be expended): Bay
- c. Service Area (Counties being served by the service(s) provided with funding): Bay

10. What type of organization is the entity that will receive the funds? (Select one)

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

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

This project will improve the water supply and pressure for the residents connected to the proposed project. This area (please see the attached Project Narrative for a map of the project area) is served by deteriorating ductile iron pipes which present risk of bacterial contamination. In addition, this service area currently does not have adequate fire protection. The purpose of this project is to improve water quality, reduce risks to public health, and provide adequate fire protection.

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:		
<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 type="checkbox"/> d. Consultants/Contracted Services/Study		
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	The Funds requested will be used for engineering design, permitting, construction, and CEI of the project.	659,370
TOTAL		659,370

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)

- 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)

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:

Letters of support from the Parker Fire Chief, Mayor of Parker, and City Staff.

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?

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 or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	This project provides fire protection and improved water quality for 100 households. This project includes new fire hydrants and increased	Fire protection will be provided and the old deteriorating ductile iron pipes will be removed from the City's water system. New fire hydrants will be

	pressure for fire protection. In addition, the project will replace ductile iron pipes which can be breeding point for bacteria due to internal corrosion and contamination.	tested to verify adequate fire protection. The number of replaced mains will be quantified. The total number of households within this service area will be quantified.
<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.)	This project includes new fire hydrants for an area without adequate fire protection.	New fire hydrants will be flow tested to verify adequate fire protection and the number of households within the project area will be quantified.
<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 checked="" type="checkbox"/> Improve drinking water quality	Old, deteriorating ductile iron pipes frequently experience tuberculation, which is a form of internal corrosion and contamination that incorporated into the pipe itself and becomes a breeding point for bacteria.	Document the amount of ductile iron pipe removed and number of households within project service area.
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> 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?
1. Amount Requested from the State in this Appropriations Project Request:	659,370	75.0%	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:	219,790	25.0%	Yes
5. Other:	0	0.0%	No
TOTAL	879,160	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?

The City will own and maintain the upgraded system through their utility revenues.

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): Project has been submitted to FDEP through the online Gulf Environmental Benefit Fund (BP oil spill)

e. 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.

City of Parker Strategic Capital Five Year Plan - 2016, City of Parker Infrastructure Needs - May 2017

25. Is the project for a financially disadvantaged community? (as defined in Chapter 62-552, F.A.C.)

Yes

26. What is the population economic status?

a. Financially Disadvantaged Municipality

b. Rural Area of Critical Economic Concern

c. Rural Community Experiencing Economic Distress

d. N/A

27. What is the status of planning?

a. Ready

b. Not Ready

28. What percentage of the planning process has been completed?

100

29. What is the estimated planning completion date?
02/01/2017
30. What is the status of design?
 a. Ready
 b. Not Ready
31. What percentage of design has been completed?
15
32. What is the estimated design completion date?
06/01/2017
33. List all required permits.
FDOT Utility Permit, FDEP Potable Water Permit
34. What is the status of permitting?
 a. Planned
 b. Submitted
 c. Received
35. What is the status of construction?
 a. Ready
 b. Not Ready
36. What percentage of construction has been completed?
0
37. What is the estimated completion date of construction?
03/01/2019

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Parker Watermain Replacement; providing an
 4 appropriation; providing an effective date.

5
 6 Be It Enacted by the Legislature of the State of Florida:

7
 8 Section 1. Parker Watermain Replacement is an
 9 Appropriations Project as defined in The Rules of The Florida
 10 House of Representatives and is described in Appropriations
 11 Project Request 150, herein incorporated by reference.

12 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 13 of \$659,370 from the General Revenue Fund is appropriated to the
 14 Department of Environmental Protection to fund the Parker
 15 Watermain Replacement as described in Appropriations Project
 16 Request 150.

17 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Lake Region Lakes Management District Rainfall Storage and Aquifer Recharge
2. Date of Submission: 11/02/2017
3. House Member Sponsor: Sam Killebrew
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
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? 2016-17
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

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

Money would be returned to the State

6. Requester:

- a. Name: Roger Griffiths
- b. Organization: Lake Region Lakes Management District
- c. Email: storres@lakesmgmtdist.com
- d. Phone #: (863)293-1441

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

- a. Name: Roger Griffiths
- b. Organization: Lake Region Lakes Management District
- c. Email: storres@lakesmgmtdist.com
- d. Phone #: (863)293-1441

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: Lake Region Lakes Management District
- b. County (County where funds are to be expended): Polk
- c. Service Area (Counties being served by the service(s) provided with funding): Polk

10. What type of organization is the entity that will receive the funds? (Select one)

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

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

To purchase land for a project which will create wetland to capture, store and clean stormwater. Create a natural system, recharge the aquifers and create recreational opportunities.

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:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Legal fees for researching title to property, preparing and recording property title, preparing contracts for purchase of property and any other legal advice or counselling to obtain ownership of the property.	50,000
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
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	Money will be used to purchase the land needed for the project as	2,450,000

	described in item 11.	
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)

- 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)

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:

Letters of support from: the Southwest Florida Water Management District; the Florida Fish and Wildlife Conservation Commission; Polk County; City of Eagle Lake, City of Winter Haven

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:

The Central Florida Water Initiative (three State water management districts) determined that by 2035 there will be a shortage of 300 mgd of which only 50 mgd will be available through normal groundwater pumping. This project was presented in a study "Wahneta Canal Watershed Management Plan" done by the Southwest Florida Water Management District and Polk County in 2005. This project, through its aquifer recharge, will help address this 250 mgd deficit.

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 or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input checked="" type="checkbox"/> Improve agricultural production/promotion/education	Increased recharge to the aquifer will provide additional water for irrigation	Measures of aquifer levels
<input checked="" type="checkbox"/> Improve quality of education	Signage will be installed to explain the benefits of the water storage, aquifer recharge, and improvement to water quality.	Documentation of attendance
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	A 100 acre, forested wetland habitat will be created and made available to the public through land and water trails.	Florida Fish and Wildlife Conservation Commission comments and studies
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input checked="" type="checkbox"/> Increase tourism	Walking and boating trails will provide an eco-tourism destination	Documentation of attendance and usage of the trails
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Project construction will provide various levels of employment - equipment operators, concrete	Recorded salaries of workers

	workers, deck builders, wetland plant workers, etc.	
<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 checked="" type="checkbox"/> Improve stormwater management	Stormwater will be collected and will then sheet flow through wetland treatment area	Measurements of water volumes and nutrient levels
<input checked="" type="checkbox"/> Improve groundwater quality	Water will be treated in the wetland system and nutrients will be removed	Measurements of nutrient removal
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Stormwater will be treated for nutrient removal before it is released into existing storage lake	Measurements of nutrient levels
<input type="checkbox"/> 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?
1. Amount Requested from the State in this Appropriations Project Request:	2,500,000	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	2,500,000	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 requested after 2018-19 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

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

- 1 year
- 2 years
- 3 years
- 4 years
- >= 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?.

- ongoing activity ? no total cost
- <1M
- 1-3M
- >3-10M
- >10M

21. What is the revenue source of ongoing operating funds?

Lake Region Lakes Management District's Budget (ad valorem taxes)

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)
- e. 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.

Polk Regional Water Cooperative Project; Approved in June 2016 minutes

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?

- a. Financially Disadvantaged Municipality
- b. Rural Area of Critical Economic Concern
- c. Rural Community Experiencing Economic Distress
- d. N/A

27. What is the status of planning?

- a. Ready
- b. Not Ready

28. What percentage of the planning process has been completed?

75%

29. What is the estimated planning completion date?

06/01/2018

30. What is the status of design?
 a. Ready
 b. Not Ready
31. What percentage of design has been completed?
50%
32. What is the estimated design completion date?
06/01/2018
33. List all required permits.
Southwest Florida Water Management District and U.S. Army Corps of Engineers
34. What is the status of permitting?
 a. Planned
 b. Submitted
 c. Received
35. What is the status of construction?
 a. Ready
 b. Not Ready
36. What percentage of construction has been completed?
0%
37. What is the estimated completion date of construction?
01/01/2021

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Lake Region Lakes Management District Rainfall Storage
 4 and Aquifer Recharge; providing an appropriation;
 5 providing an effective date.

6
 7 Be It Enacted by the Legislature of the State of Florida:

8
 9 Section 1. Lake Region Lakes Management District Rainfall
 10 Storage and Aquifer Recharge is an Appropriations Project as
 11 defined in The Rules of The Florida House of Representatives and
 12 is described in Appropriations Project Request 210, herein
 13 incorporated by reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 15 of \$2,500,000 from the General Revenue Fund is appropriated to
 16 the Department of Environmental Protection to fund the Lake
 17 Region Lakes Management District Rainfall Storage and Aquifer
 18 Recharge as described in Appropriations Project Request 210.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Wauchula Water Mainlines Connections
2. Date of Submission: 11/02/2017
3. House Member Sponsor: Colleen Burton
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 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
	Column: A	Column: B	Column: C	Column: D	Column: E	Column: F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					658,550	658,550

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.

non payment of invoices

6. Requester:

- a. Name: Terry Atchley
- b. Organization: City of Wauchula
- c. Email: tatchley@cityofwauchula.com
- d. Phone #: (863)773-3131

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

- a. Name: Terry Atchley
- b. Organization: City of Wauchula
- c. Email: tatchley@cityofwauchula.com
- d. Phone #: (863)773-3131

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

- a. Name: Connie Vanassche
- b. Firm: CAS Governmental Services, LLC
- c. Email: casgovser@gmail.com
- d. Phone #: (561)512-0089

9. Organization or Name of entity receiving funds:

- a. Name: City of Wauchula
- b. County (County where funds are to be expended): Hardee
- c. Service Area (Counties being served by the service(s) provided with funding): Hardee

10. What type of organization is the entity that will receive the funds? (Select one)

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

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

Provides for protection of life, health & safety issues for residents, visitors & businesses; requirements of the Health Dept. & augments water quality/quantity goals of permitting agencies. Planning, engineering, surveying, final design & permitting for construction plans for water mainlines from the water treatment plant to both water towers--12? mainlines from the treatment plant to the 4th Ave. tower & to the Wildcat Way tower for looping of the main distribution lines of 3.13 miles.

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:		
<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 type="checkbox"/> d. Consultants/Contracted Services/Study		
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	Contractual planning, design, engineering, surveying and permitting	658,550
TOTAL		658,550

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)

- 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)

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:

Resolution 2016-18; 2017-07

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?

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 or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	final design plans for construction, permits to install 3.13 miles of old & failing water mains	upon completion of construction of the installation of 3.13 miles of old & failing water mains the benefit or outcome measured can be

		determined -- i.e., Improve water quality, water delivery increase water pressure for fire protection
<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 type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<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 checked="" type="checkbox"/> Improve drinking water quality	final design/construction plans; permitting	Once construction is completed the benefit or outcome can be determined -- i.e., meet requirements of permit and Health Dept. and augments water quality & goals of FDEP; to provide adequate water delivery, increase water pressure for fire protection; improve water quality
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> 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?
1. Amount Requested from the State in this Appropriations Project Request:	658,550	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	658,550	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?

Utility Budget

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)
- e. N/A

24. Has project been addressed in a local, regional, or state plan?

No

25. Is the project for a financially disadvantaged community? (as defined in Chapter 62-552, F.A.C.)

Yes

26. What is the population economic status?

- a. Financially Disadvantaged Municipality
- b. Rural Area of Critical Economic Concern
- c. Rural Community Experiencing Economic Distress
- d. N/A

27. What is the status of planning?

- a. Ready
- b. Not Ready

28. What percentage of the planning process has been completed?

0

29. What is the estimated planning completion date?

12/31/2018

30. What is the status of design?

- a. Ready
- b. Not Ready

31. What percentage of design has been completed?
0
32. What is the estimated design completion date?
12/30/2019
33. List all required permits.
FDEP, SWFWMD, ACOE
34. What is the status of permitting?
 a. Planned
 b. Submitted
 c. Received
35. What is the status of construction?
 a. Ready
 b. Not Ready
36. What percentage of construction has been completed?
0
37. What is the estimated completion date of construction?
12/30/2019

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Wauchula Water Mainlines Connections; providing an
 4 appropriation; providing an effective date.

5
 6 Be It Enacted by the Legislature of the State of Florida:

7
 8 Section 1. Wauchula Water Mainlines Connections is an
 9 Appropriations Project as defined in The Rules of The Florida
 10 House of Representatives and is described in Appropriations
 11 Project Request 214, herein incorporated by reference.

12 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 13 of \$658,550 from the General Revenue Fund is appropriated to the
 14 Department of Environmental Protection to fund the Wauchula
 15 Water Mainlines Connections as described in Appropriations
 16 Project Request 214.

17 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Martin County Old Palm City Vacuum Sewer System
2. Date of Submission: 11/01/2017
3. House Member Sponsor: Gayle Harrell
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.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column: A	Column: B	Column: C	Column: D	Column: E	Column: 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:					2,000,000	2,000,000

5. Are funds for this issue requested in a state agency? 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.

Return of monies to the State.

6. Requester:

- a. Name: Phil Keathley
- b. Organization: Martin County Board of County Commissioners
- c. Email: pkeathle@martin.fl.us
- d. Phone #: (772)223-7977

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

- a. Name: Phil Keathley
- b. Organization: Martin County Board of County Commissioners
- c. Email: pkeathle@martin.fl.us
- d. Phone #: (772)223-7977

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

- a. Name: Carol Bracy
- b. Firm: Ballard Partners
- c. Email: carol@ballardfl.com
- d. Phone #: (850)577-0444

9. Organization or Name of entity receiving funds:

- a. Name: Martin County Board of County Commissioners
- b. County (County where funds are to be expended): Martin
- c. Service Area (Counties being served by the service(s) provided with funding): Martin

10. What type of organization is the entity that will receive the funds? (Select one)

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

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

The project will enhance water quality in the St. Lucie River by eliminating nutrient loading from 1078 septic systems at the rate of 9 lbs per person per year Total and .89 lbs Total Phosphorous per month per septic tank as indicated by a Florida Department of Environmental Protection. In addition the increased wastewater flow of will be converted to reuse quality water for irrigation use.

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:		
<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 type="checkbox"/> d. Consultants/Contracted Services/Study		
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	Construction	2,000,000
TOTAL		2,000,000

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)

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)

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:

Old Palm City Neighborhood Advisory Committee meeting minutes from 5/21/07, 2/20/17, 3/20/17, and 4/17/17 indicate community support.

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:

Martin County Septic Elimination Report by Captec Engineering, dated February 13, 2015 and 2015 Martin County to Watershed to Reef Septic Study by Harbor Branch Oceanographic Institute/ Florida Atlantic University.

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 or outcome	Describe the method for measuring level of benefit
<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 type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<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 checked="" type="checkbox"/> Improve wastewater management	1078 septic tanks removed and connected to regional wastewater collection system and reduce nutrient loading to groundwater and St. Lucie watershed.	Ongoing water quality monitoring
<input type="checkbox"/> Improve stormwater management		
<input checked="" type="checkbox"/> Improve groundwater quality	Improved groundwater quality is implied by this project, but there are	Ongoing water quality monitoring

	no funds to specifically measure the improvement.	
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Reduced nutrients and total suspended solids for water flowing into the St. Lucie River.	Ongoing water quality monitoring
<input type="checkbox"/> 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?
1. Amount Requested from the State in this Appropriations Project Request:	2,000,000	11.8%	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:	15,000,000	88.2%	Yes
5. Other:	0	0.0%	No
TOTAL	17,000,000	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?

Utility Water & Sewer Rates

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)
- e. 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.

Old Palm City Community Redevelopment Plan 2002 (amended 2009) pages 2, 3, 9, and 15-16.

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?

- a. Financially Disadvantaged Municipality
- b. Rural Area of Critical Economic Concern
- c. Rural Community Experiencing Economic Distress
- d. N/A

27. What is the status of planning?

- a. Ready
- b. Not Ready

28. What percentage of the planning process has been completed?

30%

29. What is the estimated planning completion date?

3/30/2018

30. What is the status of design?

- a. Ready

b. Not Ready

31. What percentage of design has been completed?

0

32. What is the estimated design completion date?

12/31/2018

33. List all required permits.

FDEP Construction Permit, Martin County Building Permit, Martin County Site Plan Approval

34. What is the status of permitting?

a. Planned

b. Submitted

c. Received

35. What is the status of construction?

a. Ready

b. Not Ready

36. What percentage of construction has been completed?

0

37. What is the estimated completion date of construction?

12/31/2019

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Martin County Old Palm City Vacuum Sewer System;
 4 providing an appropriation; providing an effective
 5 date.

6
 7 Be It Enacted by the Legislature of the State of Florida:

8
 9 Section 1. Martin County Old Palm City Vacuum Sewer System
 10 is an Appropriations Project as defined in The Rules of The
 11 Florida House of Representatives and is described in
 12 Appropriations Project Request 207, herein incorporated by
 13 reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 15 of \$2,000,000 from the General Revenue Fund is appropriated to
 16 the Department of Environmental Protection to fund the Martin
 17 County Old Palm City Vacuum Sewer System as described in
 18 Appropriations Project Request 207.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Peace River Manasota Partially Treated Water ASR Project

2. Date of Submission: 11/13/2017

3. House Member Sponsor: Michael 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 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (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 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:					1,000,000	1,000,000

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.

Liquidated damages for failure to perform work in accordance with specification and/or meet specified contract schedule.

6. Requester:

- a. Name: Patrick Lehman
- b. Organization: Peace River Manasota Regional Water Supply Authority
- c. Email: plehman@regionalwater.org
- d. Phone #: (941)316-1776

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

- a. Name: Patrick Lehman
- b. Organization: Peace River Manasota Regional Water Supply Authority
- c. Email: plehman@regionalwater.org
- d. Phone #: (941)316-1776

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

- a. Name: Diane Salz
- b. Firm: Diane R. Salz Governmental Consulting
- c. Email: salz.govconsultant@gmail.com
- d. Phone #: (850)339-8550

9. Organization or Name of entity receiving funds:

- a. Name: Peace River Manasota Regional Water Supply Authority
- b. County (County where funds are to be expended): DeSoto
- c. Service Area (Counties being served by the service(s) provided with funding): Charlotte, DeSoto, Manatee, Sarasota

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe) Special District of the State - Regional Water Supply Authority per Chapter 373 F.S.

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

Provides alternative water supply (AWS) on a regional basis (DeSoto, Charlotte, Sarasota, Manatee Counties) utilizing surface water for public supply reducing competition for groundwater in a water critical area declared by the Southwest Florida Water Management District known as the 'Southern Water Use Caution Area'. The ASR project provides storage to assure a reliable public water supply to the region in a cost effective and environmentally sustainable manner.

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:		
<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 type="checkbox"/> d. Consultants/Contracted Services/Study		
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	Contract for professional engineering services for design and construction services. Contract for construction firm for project construction.	1,000,000
TOTAL		1,000,000

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)

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): Special District of the State - Regional Water Supply Authority per Chapter 373 F.S.

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:

Authority Board of Directors approved contract of pilot test of partially treated ASR at public meeting 10/2016, FDEP issued permit w/ public notice/meeting 12/2016

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?

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 or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Provides safe drinking water supply to the region.	Routine water testing for compliance with all federal and state drinking

		water quality standards.
<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 checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Use of alternative water supply (AWS) in lieu of groundwater in a water critical area.	Recovery Plan for the 'Southern Water Use Caution Area' data collected by the Southwest Florida Water Management District.
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Provides long-term water supply infrastructure supporting business development and economic growth in the region.	Maintaining adequate public water supply to support projected new housing starts and new businesses locating in the region.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Engineering and construction jobs.	Number of employees dedicated to the project for engineering and construction
<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 checked="" type="checkbox"/> Improve groundwater quality	Use of alternative water supply (AWS) in lieu of groundwater in a water critical area.	Recovery Plan for the 'Southern Water Use Caution Area' data collected by the Southwest Florida Water Management District.
<input checked="" type="checkbox"/> Improve drinking water quality	Provides safe drinking water supply to the region.	Routine water testing for compliance with all federal and state drinking water quality standards.
<input checked="" type="checkbox"/> Improve surface water quality	Provides storage for scalping surface water from the Peace River during high flow periods. Withdrawal from river restricted by Minimum Flows & Levels to maintain downstream flow and Charlotte Harbor	Hydrobiological Monitoring Program of the Peace River to monitor and assure the water flow and quality in the river.
<input type="checkbox"/> 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?
1. Amount Requested from the State in this Appropriations Project Request:	1,000,000	68.7%	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:	455,000	31.3%	Yes

5. Other:	0	0.0%	No
TOTAL	1,455,000	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 requested after 2018-19 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

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

- 1 year
- 2 years
- 3 years
- 4 years
- >= 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?.

- Ongoing activity ? no total cost
- <1M
- 1-3M
- >3-10M
- >10M

21. What is the revenue source of ongoing operating funds?

Water use rates

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): Southwest Florida Water Management District Cooperative Funding Initiative
- e. 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.

'2015 Regional Water Supply Plan Southern Planning Region' Southwest Florida Water Management District (November 2015) - page 85 provides general development of ASR for the Southern Region including partially treated water (on-project specific).

25. Is the project for a financially disadvantaged community? (as defined in Chapter 62-552, F.A.C.)

Yes

26. What is the population economic status?

- a. Financially Disadvantaged Municipality
- b. Rural Area of Critical Economic Concern
- c. Rural Community Experiencing Economic Distress
- d. N/A

27. What is the status of planning?

- a. Ready
- b. Not Ready

28. What percentage of the planning process has been completed?

50

29. What is the estimated planning completion date?

March 31, 2018

30. What is the status of design?

- a. Ready
- b. Not Ready

31. What percentage of design has been completed?
0
32. What is the estimated design completion date?
September 30, 2019
33. List all required permits.
DEP Construction Permit, DEP UIC Permit Modification
34. What is the status of permitting?
 a. Planned
 b. Submitted
 c. Received
35. What is the status of construction?
 a. Ready
 b. Not Ready
36. What percentage of construction has been completed?
0
37. What is the estimated completion date of construction?
September 30, 2020

1 A bill to be entitled
2 An act relating to the Appropriations Project titled
3 Peace River Manasota Partially Treated Water ASR
4 Project; providing an appropriation; providing an
5 effective date.

6
7 Be It Enacted by the Legislature of the State of Florida:
8

9 Section 1. Peace River Manasota Partially Treated Water
10 ASR Project is an Appropriations Project as defined in The Rules
11 of The Florida House of Representatives and is described in
12 Appropriations Project Request 604, herein incorporated by
13 reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
15 of \$1,000,000 from the General Revenue Fund is appropriated to
16 the Department of Environmental Protection to fund the Peace
17 River Manasota Partially Treated Water ASR Project as described
18 in Appropriations Project Request 604.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: St. Cloud Esprit Pond Flood Control Improvements
2. Date of Submission: 11/08/2017
3. House Member Sponsor: Mike La Rosa
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 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
	Column: A	Column: B	Column: C	Column: D	Column: E	Column: F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					150,000	150,000

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.

As part of the contract for the project, the City will require a performance bond backed by an acceptable surety in the total amount of the contract price. Additionally, the City will include a liquidated damages clause to ensure timely completion of the project. Both remedies are designed to protect the investment and ensure the project is performed timely and in accordance with the plans.

6. Requester:

- a. Name: William Sturgeon
- b. Organization: City of St. Cloud
- c. Email: wsturgeon@stcloud.org
- d. Phone #: (407)957-7305

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

- a. Name: DiAnna Rawleigh
- b. Organization: City of St. Cloud
- c. Email: dianna.rawleigh@stcloud.org
- d. Phone #: (407)957-7344

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

- a. Name: Bill Barrett
- b. Firm: Sewell Point Group
- c. Email: bbarrett.spg@gmail.com
- d. Phone #: (321)403-6410

9. Organization or Name of entity receiving funds:

- a. Name: City of St. Cloud
- b. County (County where funds are to be expended): Osceola
- c. Service Area (Counties being served by the service(s) provided with funding): Osceola

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government

- University or College
- Other (Please describe)

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

To mitigate recurring roadway flooding in the Esprit Subdivision

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?? 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 type="checkbox"/> d. Consultants/Contracted Services/Study		
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	design, permitting, construction and construction project management for modification of permit of Esprit Pond.	150,000
TOTAL		150,000

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)

- 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)

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:

10/5/17 - City Council Workshop

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?

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 or outcome	Describe the method for measuring level of benefit
<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.)	neighborhood roadways will not be impacted by high pond elevations after extended periods of rain.	reduced flooding in roadways during heavy or hurricane force rains
<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):		
---	--	--

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?
1. Amount Requested from the State in this Appropriations Project Request:	150,000	75.0%	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:	50,000	25.0%	Yes
5. Other:	0	0.0%	No
TOTAL	200,000	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?

none needed

22. Has local approval been given for ongoing operating funds?

No

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)
- e. N/A

24. Has project been addressed in a local, regional, or state plan?
No
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?
 a. Financially Disadvantaged Municipality
 b. Rural Area of Critical Economic Concern
 c. Rural Community Experiencing Economic Distress
 d. N/A
27. What is the status of planning?
 a. Ready
 b. Not Ready
28. What percentage of the planning process has been completed?
0
29. What is the estimated planning completion date?
03/01/2018
30. What is the status of design?
 a. Ready
 b. Not Ready
31. What percentage of design has been completed?
0
32. What is the estimated design completion date?
07/01/2018
33. List all required permits.
South Florida Water Management District (SFWMD), Environmental Resource Permit (ERP) modification

34. What is the status of permitting?

- a. Planned
- b. Submitted
- c. Received

35. What is the status of construction?

- a. Ready
- b. Not Ready

36. What percentage of construction has been completed?

0

37. What is the estimated completion date of construction?

02/01/2019

1 A bill to be entitled
2 An act relating to the Appropriations Project titled
3 St. Cloud Esprit Pond Flood Control Improvements;
4 providing an appropriation; providing an effective
5 date.

6
7 Be It Enacted by the Legislature of the State of Florida:

8
9 Section 1. St. Cloud Esprit Pond Flood Control
10 Improvements is an Appropriations Project as defined in The
11 Rules of The Florida House of Representatives and is described
12 in Appropriations Project Request 327, herein incorporated by
13 reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
15 of \$150,000 from the General Revenue Fund is appropriated to the
16 Department of Environmental Protection to fund the St. Cloud
17 Esprit Pond Flood Control Improvements as described in
18 Appropriations Project Request 327.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Bear Cut Preserve Restoration
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Nicholas Duran
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 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
	Column: A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non- vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					150,000	150,000

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.

Return all funding

6. Requester:

- a. Name: Theodora Long
- b. Organization: Marjory Stoneman Douglas Biscayne Nature Center
- c. Email: theodoralong@biscaynenaturecenter.org
- d. Phone #: (305)361-6767

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

- a. Name: Theodora Long
- b. Organization: Marjory Stoneman Douglas Biscayne Nature Center
- c. Email: theodoralong@biscaynenaturecenter.org
- d. Phone #: (305)361-6767

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: Marjory Stoneman Douglas Biscayne Nature Center
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade

10. What type of organization is the entity that will receive the funds? (Select one)

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

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

The goal of this project is to restore the 165 acres of natural habitat called the Bear Cut Preserve to its original state. The Bear Cut Preserve is located on Key Biscayne, within Crandon Park. In 1976, Marjory Stoneman Douglas had this preserve declared a State of Florida "environmental study area" and it has been spared any development since that time. The Marjory Stoneman Douglas Biscayne Nature Center uses the 165 acres as their "outdoor classroom" to teach 200 students daily.

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:		
<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 type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Salary for hired tree trimmers and natural areas management crew to access what should be trimmed and what should be left in its natural state.	50,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Tree trimming and hauling vehicles needed for preservation of the Preserve.	50,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Trained Arborists to identify work to be done in the Preserve and re-design the four trails in the Preserve for the general public.	50,000

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		150,000

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)

N/A

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:

Yes, We have the support of the Miami-Dade Public Schools, Private schools in Miami-Dade, and the State of Florida Environmental Endangered Lands program (EEL).

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:

This restoration is needed as a result of Hurricane Irma. It is a very visible as you walk through the Preserve. There are many compromised trees at 45 degree angles that are a danger to the general public and students using the Preserve as a natural habitat outdoor classroom.

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?

The Bear Cut Preserve is the only Preserve in the State of Florida that does not have a road going through it. It is one of the last green spaces for the general public to see what south Florida natural habitat is really like. The Biscayne Nature Center and the Miami-Dade

Parks, Recreation and Open Spaces uses the Preserve as an outdoor classroom offering programming to students, residents and the general public.

17b. Describe the direct services to be provided to the citizens by the funding requested.

The direct services provided is free and nominal fee walking tours through the Bear Cut Preserve. At the moment, in it's present state, the Preserve is un-useable and the four trails are in need of repair and restoration. Direct services are currently not available.

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 served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400

○401-800

⊙>800

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
<input checked="" type="checkbox"/> Improve physical health	It has been proven that being outdoors is beneficial to your general health and well-being.	Happier citizens, stress relief. written testimonials from visitors to the Preserve.
<input checked="" type="checkbox"/> Improve mental health	Walking through the woods definitely improves your mental health and relieves stress.	Written testimonials and surveys.
<input checked="" type="checkbox"/> Enrich cultural experience	Learning where and how the Tequesta Indians once lived off the land in the Bear Cut Preserve before Miami-Dade County was formed.	Written testimonials and surveys.
<input checked="" type="checkbox"/> Improve agricultural production/promotion/education	The promotion of being in the outdoors, learning and seeing nature first hand, promoting tree planting, bird watching, tourist attraction.	Written testimonials and surveys.
<input checked="" type="checkbox"/> Improve quality of education	This is the only Preserve in the State of Florida that has all four ecosystems. The Sea grass beds, the hardwood coastal hammock, the mangroves and the Coastal dune system.	Written testimonials and surveys.
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Restoring the Bear Cut Preserve will enhance and improve the fish and wildlife quality. It will only make the resource stronger and healthier.	The seeing of more birds, fish and wildlife to the area.

<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input checked="" type="checkbox"/> Increase tourism	The Bear Cut Preserve is on the National Birding Trail. It will increase more tourists to come from all over the world to visit this pristine area.	More international visitors, testimonials and surveys.
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Landscapers and Arborists, tree trimmer and field workers will have immediate job opportunities.	Seeing the improvements in the trails and the Preserve.
<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):		

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?
1. Amount Requested from the State in this Appropriations Project Request:	150,000	88.2%	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:	20,000	11.8%	Yes
5. Other:	0	0.0%	No
TOTAL	170,000	100%	

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

No

1 A bill to be entitled
2 An act relating to the Appropriations Project titled
3 Bear Cut Preserve Restoration; providing an
4 appropriation; providing an effective date.

5
6 Be It Enacted by the Legislature of the State of Florida:

7
8 Section 1. Bear Cut Preserve Restoration is an
9 Appropriations Project as defined in The Rules of The Florida
10 House of Representatives and is described in Appropriations
11 Project Request 642, herein incorporated by reference.

12 Section 2. For fiscal year 2018-2019 the nonrecurring sum
13 of \$150,000 from the General Revenue Fund is appropriated to the
14 Department of Environmental Protection to fund the Bear Cut
15 Preserve Restoration as described in Appropriations Project
16 Request 642.

17 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Leon County Fred George Sink Wetland Restoration
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Loranne Ausley
Members Copied: Ramon Alexander

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
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? > 5 years
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

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

Funds will be returned to the agency if there is a failure to meet deliverables or performance.

6. Requester:

- a. Name: Andrew Johnson
- b. Organization: Leon County
- c. Email: JohnsonAn@LeonCountyfl.gov
- d. Phone #: (850)606-5383

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

- a. Name: Theresa Heiker
- b. Organization: Leon County Public Works
- c. Email: HeikerT@LeonCountyFl.gov
- d. Phone #: (850)606-1526

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

- a. Name: Jeffrey Sharkey
- b. Firm: Capital Alliance Group
- c. Email: jeffreyshark@gmail.com
- d. Phone #: (850)224-1660

9. Organization or Name of entity receiving funds:

- a. Name: Leon County BOCC
- b. County (County where funds are to be expended): Leon
- c. Service Area (Counties being served by the service(s) provided with funding): Leon

10. What type of organization is the entity that will receive the funds? (Select one)

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

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

This request is for one-time construction funds to re-grade the existing topography of the Fred George Wetland and intercept debris at a major inflow point to Fred George Sink, a karst feature located within the Ochlockonee River watershed and the Wakulla Springs basin area. The project will restore wildlife habitat, rehydrate wetlands, and improve discharge into the Floridian aquifer and will directly benefit the Wakulla Springs springshed.

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:		
<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 type="checkbox"/> d. Consultants/Contracted Services/Study		
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	This request is for one-time construction funds to re-grade the existing topography of the Fred George Wetland and intercept debris at a major inflow point to Fred George Sink, a karst feature located within the Ochlockonee River	500,000

	watershed and the Wakulla Springs basin area.	
TOTAL		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)

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)

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:

The project is part of the Fred George Sink Greenway Management Plan adopted by Leon County and the FDEP Office of Greenways and Trails.

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:

Florida Department of Environmental Protection's Upper Wakulla River and Wakulla Springs Basin Management Action Plan.

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 or outcome	Describe the method for measuring level of benefit
<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 checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	This project will restore wildlife habitat, rehydrate wetlands, and improve discharge into the Floridian aquifer and will directly benefit the Wakulla Springs springshed.	Approximately 65 acres of the park wetland area will benefit from the grade restoration efforts and is expected to remove five tons of floatable debris entering the sink each year.
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<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 checked="" type="checkbox"/> Improve stormwater management	This project will restore wildlife habitat, rehydrate wetlands, and improve discharge into the Floridian aquifer and will directly benefit the Wakulla Springs springshed.	Approximately 65 acres of the park wetland area will benefit from the grade restoration efforts and is expected to remove five tons of floatable debris entering the sink each year.
<input checked="" type="checkbox"/> Improve groundwater quality	This project will restore wildlife habitat, rehydrate wetlands, and improve discharge into the Floridian aquifer and will directly benefit the Wakulla Springs springshed.	Approximately 65 acres of the park wetland area will benefit from the grade restoration efforts and is expected to remove five tons of floatable debris entering the sink each year.
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	This project will restore wildlife habitat, rehydrate wetlands, and improve discharge into the Floridian aquifer and will directly benefit the Wakulla Springs springshed.	Approximately 65 acres of the park wetland area will benefit from the grade restoration efforts and is expected to remove five tons of floatable debris entering the sink each year.
<input type="checkbox"/> 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?
1. Amount Requested from the State in this Appropriations Project Request:	500,000	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	500,000	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?

Leon County Stormwater Utility Fund

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): Springs Restoration Grant
- e. 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.

Florida Department of Environmental Protection's Upper Wakulla River and Wakulla Springs Basin Management Action Plan-Section 5.11;
Fred George Basin Greenway Management Plan-Page 13

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?
- a. Financially Disadvantaged Municipality
 - b. Rural Area of Critical Economic Concern
 - c. Rural Community Experiencing Economic Distress
 - d. N/A
27. What is the status of planning?
- a. Ready
 - b. Not Ready
28. What percentage of the planning process has been completed?
- 100
29. What is the estimated planning completion date?
- 06/01/2015
30. What is the status of design?
- a. Ready
 - b. Not Ready
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 NPDES; NFWFMD Environmental Resource Permit; USACOE Wetland Resource Permit; Leon County Environmental Management Permit
34. What is the status of permitting?
- a. Planned
 - b. Submitted
 - c. Received

35. What is the status of construction?

- a. Ready
- b. Not Ready

36. What percentage of construction has been completed?

0

37. What is the estimated completion date of construction?

12/31/2019

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A bill to be entitled
An act relating to the Appropriations Project titled
Leon County Fred George Sink Wetland Restoration;
providing an appropriation; providing an effective
date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Leon County Fred George Sink Wetland
Restoration is an Appropriations Project as defined in The Rules
of The Florida House of Representatives and is described in
Appropriations Project Request 700, herein incorporated by
reference.

Section 2. For fiscal year 2018-2019 the nonrecurring sum
of \$500,000 from the General Revenue Fund is appropriated to the
Department of Environmental Protection to fund the Leon County
Fred George Sink Wetland Restoration as described in
Appropriations Project Request 700.

Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Zolfo Springs Engineering for Infrastructure North of Peace River
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Julio Gonzalez
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 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					140,000	140,000

5. Are funds for this issue requested in a state agency? 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.

Non-payment of invoices.

6. Requester:

- a. Name: Linda Roberson
- b. Organization: Town of Zolfo Springs
- c. Email: townmanager@townofzolfo.com
- d. Phone #: (863)735-0405

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

- a. Name: Linda Roberson
- b. Organization: Town of Zolfo Springs
- c. Email: townmanager@townofzolfo.com
- d. Phone #: (863)735-0405

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: Town of Zolfo Springs
- b. County (County where funds are to be expended): Hardee
- c. Service Area (Counties being served by the service(s) provided with funding): Hardee

10. What type of organization is the entity that will receive the funds? (Select one)

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

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

Engineering services and plans to expand infrastructure of water and sewer lines north of the Town limits. This project will assist in connecting US Hwy 17 water/sewer corridor project to Hardee County and the City of Wauchula. This cost will cover engineering, design, surveying and permitting. Hardee County Industrial Development Authority is helping fund the water line expansion, this request is for the remaining water line and sewer line costs.

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:		
<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	Engineering services: design, surveying, and permitting	140,000
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 type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		140,000

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)

N/A

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:

Hardee County IDA/EDA water/sewer corridor

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?

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 or outcome	Describe the method for measuring level of benefit
<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 checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Engineering for water/sewer infrastructure to area that is currently serviced by well and septic. Lessen	To be determined by surveying included in scope of work.

	well and septic use/pollutants.	
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Engineering for water/sewer infrastructure to area that is currently serviced by well and septic. Lessen well and septic use/pollutants.	To be determined by surveying included in scope of work.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Having Engineering in place can bring more businesses to the US Hwy 17 corridor.	Surveying will determine future Economic Development to the area.
<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 checked="" type="checkbox"/> Improve wastewater management	Engineering for water/sewer infrastructure to area that is currently serviced by well and septic.	Engineering will determine wastewater capacity.
<input type="checkbox"/> Improve stormwater management		
<input checked="" type="checkbox"/> Improve groundwater quality	Engineering for water/sewer infrastructure to area that is currently serviced by well and septic.	To be determined by surveys and engineering
<input checked="" type="checkbox"/> Improve drinking water quality	Engineering for water/sewer infrastructure to area that is currently serviced by well and septic.	To be determined by surveys and engineering

<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> 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?
1. Amount Requested from the State in this Appropriations Project Request:	140,000	46.6%	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:	160,500	53.4%	Yes
5. Other:	0	0.0%	No
TOTAL	300,500	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?

Town of Zolfo Springs

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)

e. 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.

Hardee County EDA/IDA Water/Sewer Corridor

25. Is the project for a financially disadvantaged community? (as defined in Chapter 62-552, F.A.C.)

Yes

26. What is the population economic status?

- a. Financially Disadvantaged Municipality
- b. Rural Area of Critical Economic Concern
- c. Rural Community Experiencing Economic Distress
- d. N/A

27. What is the status of planning?

- a. Ready
- b. Not Ready

28. What percentage of the planning process has been completed?

0

29. What is the estimated planning completion date?

12/20/2018

30. What is the status of design?

- a. Ready
- b. Not Ready

31. What percentage of design has been completed?

0

32. What is the estimated design completion date?

12/20/2018

33. List all required permits.
FDOT & DEP

34. What is the status of permitting?

- a. Planned
- b. Submitted
- c. Received

35. What is the status of construction?

- a. Ready
- b. Not Ready

36. What percentage of construction has been completed?

0

37. What is the estimated completion date of construction?

0

1 A bill to be entitled
2 An act relating to the Appropriations Project titled
3 Zolfo Springs Engineering for Infrastructure North of
4 Peace River; providing an appropriation; providing an
5 effective date.

6
7 Be It Enacted by the Legislature of the State of Florida:
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9 Section 1. Zolfo Springs Engineering for Infrastructure
10 North of Peace River is an Appropriations Project as defined in
11 The Rules of The Florida House of Representatives and is
12 described in Appropriations Project Request 788, herein
13 incorporated by reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
15 of \$140,000 from the General Revenue Fund is appropriated to the
16 Department of Environmental Protection to fund the Zolfo Springs
17 Engineering for Infrastructure North of Peace River as described
18 in Appropriations Project Request 788.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Margate Sewer Piping Rehabilitation Project
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Kristin Jacobs
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
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? 2016-17
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- d. Complete the following Project Request Worksheet to develop your request:

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

The City would seek a reduction in financial obligation in the event critical deadlines are missed.

6. Requester:

- a. Name: Samuel A. May
- b. Organization: City of Margate
- c. Email: citymanager@margatefl.com
- d. Phone #: (954)935-5300

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

- a. Name: Adam Reichbach
- b. Organization: City of Margate
- c. Email: areichbach@margatefl.com
- d. Phone #: (954)935-5300

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

- a. Name: Ron Book
- b. Firm: Ronald. L. Book, P.A.
- c. Email: Rob@RLBookPA.com
- d. Phone #: (850)224-3427

9. Organization or Name of entity receiving funds:

- a. Name: City of Margate
- b. County (County where funds are to be expended): Broward
- c. Service Area (Counties being served by the service(s) provided with funding): Broward

10. What type of organization is the entity that will receive the funds? (Select one)

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

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

The requested funds would provide for a video survey of sanitary sewer basin no. 1 piping, and install cured-in-place piping to repair the leaks. The C-14 canal has high levels of fecal coliform concentrations in excess of the established Total Maximum Daily Loads. According to Florida Administrative Code 62-304.725, the C-14 canal will require a 22% reduction of sources to mitigate the concentrations. These leaking pipes are a primary contributing source of fecal coliform contamination.

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:		
<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 type="checkbox"/> d. Consultants/Contracted Services/Study		
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	The requested funds will be spent to video survey the entire sanitary sewer basin no. 1 piping, and where necessary, install cured-in-place piping to repair the leaks.	500,000

TOTAL		500,000
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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)

- 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)

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:

The C-14 canal has high levels of fecal coliform concentrations in excess of the established Total Maximum Daily Loads (TMDL). According to Florida Administrative Code 62-304.725, the C-14 canal will require a 22% reduction of sources to mitigate the concentrations. The sanitary sewer systems with leaking underground pipes are some of the primary contributing sources to fecal coliform contamination. Elimination of leaks will contribute significantly towards the targeted 22% reduction.

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:

Routine video monitoring and pump station run cycle.

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 or outcome	Describe the method for measuring level of benefit
<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 checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Reduce the fecal coliform concentration count in the C-14 canal.	As part of the TMDL requirement, annual measurements to check fecal coliform concentration levels are administered.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Reduce the fecal coliform concentration count in the C-14 canal.	As part of the TMDL requirement, annual measurements to check fecal coliform concentration levels are administered.
<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 checked="" type="checkbox"/> Improve wastewater management	Improved performance of Lift Station #1 and reduction in total volume flow to the Wastewater Plant.	The timing of pumping cycles in Lift Station #1 will be monitored before and after the project is completed. This timing should improve as a result.
<input type="checkbox"/> Improve stormwater management		
<input checked="" type="checkbox"/> Improve groundwater quality	Reduce the fecal coliform concentration count in the C-14 canal.	As part of the TMDL requirement, annual measurements to check fecal coliform concentration levels are administered.
<input checked="" type="checkbox"/> Improve drinking water quality	Reduce the fecal coliform concentration count in the C-14 canal.	As part of the TMDL requirement, annual measurements to check fecal coliform concentration levels are administered.
<input checked="" type="checkbox"/> Improve surface water quality	Reduce the fecal coliform concentration count in the C-14 canal.	As part of the TMDL requirement, annual measurements to check fecal coliform concentration levels are administered.
<input type="checkbox"/> 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?
1. Amount Requested from the State in this Appropriations Project Request:	500,000	50.0%	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:	500,000	50.0%	Yes
5. Other:	0	0.0%	No
TOTAL	1,000,000	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?

Utility Fees/billing

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)
- e. 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.
City of Margate Ten-Year Asset Management Plan

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
- Od. N/A

27. What is the status of planning?

- a. Ready
- b. Not Ready

28. What percentage of the planning process has been completed?

100%

29. What is the estimated planning completion date?

9/30/2017

30. What is the status of design?

- a. Ready
- b. Not Ready

31. What percentage of design has been completed?

N/A

32. What is the estimated design completion date?

N/A

33. List all required permits.

None required

34. What is the status of permitting?

- a. Planned
- b. Submitted
- c. Received

35. What is the status of construction?

- a. Ready
- b. Not Ready

36. What percentage of construction has been completed?

0%

37. What is the estimated completion date of construction?

9/30/2018

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A bill to be entitled
An act relating to the Appropriations Project titled
Margate Sewer Piping Rehabilitation Project; providing
an appropriation; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Margate Sewer Piping Rehabilitation Project is an Appropriations Project as defined in The Rules of The Florida House of Representatives and is described in Appropriations Project Request 719, herein incorporated by reference.

Section 2. For fiscal year 2018-2019 the nonrecurring sum of \$500,000 from the General Revenue Fund is appropriated to the Department of Environmental Protection to fund the Margate Sewer Piping Rehabilitation Project as described in Appropriations Project Request 719.

Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Gretna Water Booster Station
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Ramon Alexander
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 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
	Column: A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non- vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					800,000	800,000

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.

Suspension or refund of funds for the project.

6. Requester:

- a. Name: Antonio Jefferson
- b. Organization: City of Gretna
- c. Email: ajefferson@mygretna.com
- d. Phone #: (850)856-2030

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

- a. Name: Antonio Jefferson
- b. Organization: City of Gretna
- c. Email: ajefferson@mygretna.com
- d. Phone #: (850)856-2030

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

- a. Name: Sean Pittman
- b. Firm: Pittman Law Firm
- c. Email: sean@pittman-law.com
- d. Phone #: (850)216-1002

9. Organization or Name of entity receiving funds:

- a. Name: City of Gretna
- b. County (County where funds are to be expended): Gadsden
- c. Service Area (Counties being served by the service(s) provided with funding): Gadsden

10. What type of organization is the entity that will receive the funds? (Select one)

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

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

The project will support economic development at the I-10/ SR 12 interchange and provide sustainable fire flow for this area. The project will include the installation of a 300,000 gallon ground storage tank and associated high service pump

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:		
<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 type="checkbox"/> d. Consultants/Contracted Services/Study		
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	Construction of Water Tank and Pumping Facility	800,000
TOTAL		800,000

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)

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)

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:

Work is support in the City's capital improvement plan, and economic development plan. Project has received financial support for the NWFL Water Management District for completion of engineering and permitting. Project is permitted and design and construction plans have been completed.

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:

Project has been reviewed and received funding from the Northwest Florida Water Management District.

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 or outcome	Describe the method for measuring level of benefit
<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.)	Enhanced fire protection	Pre vs Post storage and pumping capacities.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Water storage capacity for sites identified for commercial development.	Development of sites identified for commercial development.
<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 checked="" type="checkbox"/> Improve drinking water quality	Enhanced chlorine residuals	Pre vs post chlorine residual test

		results.
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> 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?
1. Amount Requested from the State in this Appropriations Project Request:	800,000	72.7%	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:	300,000	27.3%	Yes
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?

No

21. What is the revenue source of ongoing operating funds?

Utility User Fees

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): Florida Jobs Growth Fund
- e. N/A

24. Has project been addressed in a local, regional, or state plan?

No

25. Is the project for a financially disadvantaged community? (as defined in Chapter 62-552, F.A.C.)

Yes

26. What is the population economic status?

- a. Financially Disadvantaged Municipality
- b. Rural Area of Critical Economic Concern
- c. Rural Community Experiencing Economic Distress
- d. N/A

27. What is the status of planning?

- a. Ready
- b. Not Ready

28. What percentage of the planning process has been completed?

100%

29. What is the estimated planning completion date?

11/9/2017

30. What is the status of design?

- a. Ready
- b. Not Ready

31. What percentage of design has been completed?

100%

32. What is the estimated design completion date?

11/09/2017

33. List all required permits.
FL Department of Environmental Protection Water System Construction
34. What is the status of permitting?
 a. Planned
 b. Submitted
 c. Received
35. What is the status of construction?
 a. Ready
 b. Not Ready
36. What percentage of construction has been completed?
0%
37. What is the estimated completion date of construction?
09/30/2018

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Gretna Water Booster Station; providing an
 4 appropriation; providing an effective date.

6 Be It Enacted by the Legislature of the State of Florida:

8 Section 1. Gretna Water Booster Station is an
 9 Appropriations Project as defined in The Rules of The Florida
 10 House of Representatives and is described in Appropriations
 11 Project Request 1082, herein incorporated by reference.

12 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 13 of \$800,000 from the General Revenue Fund is appropriated to the
 14 Department of Environmental Protection to fund the Gretna Water
 15 Booster Station as described in Appropriations Project Request
 16 1082.

17 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Columbia County Fairgrounds Drainage Improvement Project
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Elizabeth Porter
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.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column:	A	B	C	D	E
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:					100,000	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? 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.

N/A

6. Requester:

- a. Name: Tim Murphy
- b. Organization: Columbia County Resources
- c. Email: ccflfair@gmail.com
- d. Phone #: (386)752-8822

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

- a. Name: Dale Peeler
- b. Organization: Columbia County Resources
- c. Email: ccflfair@gmail.com
- d. Phone #: (386)752-8822

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: Columbia County Resources
- b. County (County where funds are to be expended): Columbia
- c. Service Area (Counties being served by the service(s) provided with funding): Columbia, Hamilton, Suwannee

10. What type of organization is the entity that will receive the funds? (Select one)

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

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

To provide a storm drain system at the fairgrounds, consisting of grading, pipe and inlet installation to alleviate flooding in and around the buildings.

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:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Costs incurred for the installation of the drainage system as proposed.	80,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Costs for engineering design to be performed by registered engineer.	20,000
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 type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		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)

N/A

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:

Discussion with legislative office and community regarding definite need.

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?

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 or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input checked="" type="checkbox"/> Improve agricultural production/promotion/education	Facilities are used for Farm Bureau, FFA and 4H livestock clubs	Increased visibilities of the programs by the general public.
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		

<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input checked="" type="checkbox"/> Improve transportation conditions	Alleviate the storm water runoff and ponding in the fairground parking areas and adjacent to established buildings	Site improvement of parking and adjacent areas.
<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):		

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?

1. Amount Requested from the State in this Appropriations Project Request:	100,000	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	100,000	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?

Funds generated by the rental of fair facilities. Columbia County Resources is licensed and registered.

22. Has local approval been given for ongoing operating funds?

No

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)
- e. N/A

24. Has project been addressed in a local, regional, or state plan?

No

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?

- a. Financially Disadvantaged Municipality
- b. Rural Area of Critical Economic Concern
- c. Rural Community Experiencing Economic Distress
- d. N/A

27. What is the status of planning?

- a. Ready
- b. Not Ready

28. What percentage of the planning process has been completed?

5%

29. What is the estimated planning completion date?

7/15/2018

30. What is the status of design?

- a. Ready
- b. Not Ready

31. What percentage of design has been completed?

0%

32. What is the estimated design completion date?

11/15/2018

33. List all required permits.

SRWMD permit, any applicable permits needed for compliance

34. What is the status of permitting?

- a. Planned
- b. Submitted
- c. Received

35. What is the status of construction?

- a. Ready
- b. Not Ready

36. What percentage of construction has been completed?

0%

37. What is the estimated completion date of construction?

3/15/2019

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Columbia County Fairgrounds Drainage Improvement
 4 Project; providing an appropriation; providing an
 5 effective date.

6
 7 Be It Enacted by the Legislature of the State of Florida:

8
 9 Section 1. Columbia County Fairgrounds Drainage
 10 Improvement Project is an Appropriations Project as defined in
 11 The Rules of The Florida House of Representatives and is
 12 described in Appropriations Project Request 1157, herein
 13 incorporated by reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 15 of \$100,000 from the General Revenue Fund is appropriated to the
 16 Department of Environmental Protection to fund the Columbia
 17 County Fairgrounds Drainage Improvement Project as described in
 18 Appropriations Project Request 1157.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Putnam County Municipal Multi-Use Education and Livestock Facility
2. Date of Submission: 11/06/2017
3. House Member Sponsor: Bobby Payne
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 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
	Column: A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non- vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					290,000	290,000

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 Agriculture and Consumer Services
 - 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.

Unknown at this time.

6. Requester:

- a. Name: Terry Suggs
- b. Organization: County Administrator, Putnam County
- c. Email: terry.suggs@putnam-fl.com
- d. Phone #: (386)329-0205

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

- a. Name: Terry Suggs
- b. Organization: County Administrator, Putnam County
- c. Email: terry.suggs@putnam-fl.com
- d. Phone #: (386)329-0205

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

- a. Name: David Browning
- b. Firm: Southern Strategy Group
- c. Email: browning@sostrategy.com
- d. Phone #: (850)671-4401

9. Organization or Name of entity receiving funds:

- a. Name: Putnam County and Putnam County Fair Authority
- b. County (County where funds are to be expended): Putnam
- c. Service Area (Counties being served by the service(s) provided with funding): Putnam

10. What type of organization is the entity that will receive the funds? (Select one)

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

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

Replacing a 57 year old building which was severely damaged during Hurricane Irma with a new facility built within hurricane guidelines. The footprint will be a 100x100 building for a multi-use facility to include, but not limited to, youth and agriculture education, large animal shelter during a state of emergency, and an integral part of the total upgrade of the fairgrounds. Once built, the facility will be available for use by neighboring counties w/o agricultural facilities.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?? 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 type="checkbox"/> d. Consultants/Contracted Services/Study		
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	Purchase of pre-engineered building, construction/installation for concrete pad, electrical, plumbing, drainage, etc. Being designed to house animal scale and permanent grooming area and moveable partitions for animal	290,000

	containment.	
TOTAL		290,000

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)

- 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)

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:

Discussed and resolved during Fair Authority board meeting of 10/17/2017 where 15 members of the board present. Received verbal support from local 4-H director who falls under auspices of the local IFAS.

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?

Large animal shelter during disasters, weekly 4-H activities, annual school agricultural activities, annual fair and available to local residents year-round.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Covered multi-use facility available for housing large animals, educational training, animal containment, grooming, behavior modification, etc. Serve as a shelter for animals/pets during disasters.

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): Farmers, persons with large animals, 4-H groups, other counties w/o agricultural facilities.

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

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
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input checked="" type="checkbox"/> Improve agricultural production/promotion/education	facility is used annually at minimum 250 youth livestock projects to include swine and cattle.	Approx. \$200,000 in annual livestock project sales which directly benefits youth in livestock education in Putnam County.
<input checked="" type="checkbox"/> Improve quality of education	Expansion of livestock education opportunities for Putnam and surrounding county's youth.	Track the number of students participating in the livestock education in Putnam County.
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Allow residents with large livestock to be able to evacuate and house those animals during disasters	track the number of residents utilizing the facility and number of animals housed therein.
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input checked="" type="checkbox"/> Increase tourism	The facility will increase the number of participants in agriculture/livestock programs by including surrounding counties.	Monitor the number of participants from surrounding counties who would not be able to participate in the activities/training/etc w/o existence of the facility.
<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):		

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?
1. Amount Requested from the State in this Appropriations Project Request:	290,000	74.4%	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:	100,000	25.6%	Yes
5. Other:	0	0.0%	No
TOTAL	390,000	100%	

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

No

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Putnam County Municipal Multi-Use Education and
 4 Livestock Facility; providing an appropriation;
 5 providing an effective date.

6
 7 Be It Enacted by the Legislature of the State of Florida:

8
 9 Section 1. Putnam County Municipal Multi-Use Education and
 10 Livestock Facility is an Appropriations Project as defined in
 11 The Rules of The Florida House of Representatives and is
 12 described in Appropriations Project Request 245, herein
 13 incorporated by reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 15 of \$290,000 from the General Revenue Fund is appropriated to the
 16 Department of Agriculture and Consumer Services to fund the
 17 Putnam County Municipal Multi-Use Education and Livestock
 18 Facility as described in Appropriations Project Request 245.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Fort Myers Beach Water Main Improvements
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Ray Rodrigues
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.)			Develop New Funds Request for FY 2018-19 (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 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:					500,000	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.

full reimbursement of funds allocated

6. Requester:

- a. Name: Roger Hernstadt
- b. Organization: Town of Fort Myers Beach
- c. Email: roger@fmbgov.com
- d. Phone #: (239)765-0202

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

- a. Name: Roger Hernstadt
- b. Organization: Town of Fort Myers Beach
- c. Email: roger@fmbgov.com
- d. Phone #: (239)765-0202

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

- a. Name: Ron Book
- b. Firm: Ronald L. Book, P.A.
- c. Email: ron@rlbookpa.com, rana@rlbookpa.com
- d. Phone #: (305)935-1866

9. Organization or Name of entity receiving funds:

- a. Name: Town of Fort Myers Beach
- 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)

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

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

The funds would be used to pay for engineering and construction costs associated with the water main replacement project.

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:		
<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 type="checkbox"/> d. Consultants/Contracted Services/Study		
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 would be used for the design and construction of new water mains on the island as voted on and passed by Town residents in a referendum.	500,000
TOTAL		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)

- 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)

14. Is the project request an information technology project?

N/A

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:

Project required by passage of Town referendum on this item, with a vote of 91.62% in favor.

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:

Facilities Plan was developed by consultants outlining the Town wide replacement project.

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

N/A

No

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
<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.)	New, looped water main system providing a more reliable system and required fire flows and pressures.	Town wide water main break and outages history.
<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 checked="" type="checkbox"/> Improve drinking water quality	New, looped water main system providing a more reliable system and required fire flows and pressures.	Town wide water main break and outages history.

<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> 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?
1. Amount Requested from the State in this Appropriations Project Request:	500,000	33.3%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	Yes
4. Local:	1,000,000	66.7%	Yes
5. Other:	0	0.0%	No
TOTAL	1,500,000	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 requested after 2018-19 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

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

- 1 year
- 2 years
- 3 years
- 4 years

>= 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".

Ongoing activity – no total cost

<1M

1-3M

>3-10M

>10M

21. What is the revenue source of ongoing operating funds?
ad valorem

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)

e. N/A

24. Has project been addressed in a local, regional, or state plan?
No

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?

a. Financially Disadvantaged Municipality

b. Rural Area of Critical Economic Concern

c. Rural Community Experiencing Economic Distress

d. N/A

27. What is the status of planning?

- a. Ready
- b. Not Ready

28. What percentage of the planning process has been completed?
100

29. What is the estimated planning completion date?
10/01/2017

30. What is the status of design?
 a. Ready
 b. Not Ready

31. What percentage of design has been completed?
90

32. What is the estimated design completion date?
11/21/2017

33. List all required permits.
DOH, Lee County DOT, Lee County LDO, FDEP CCCL

34. What is the status of permitting?
 a. Planned
 b. Submitted
 c. Received

35. What is the status of construction?
 a. Ready
 b. Not Ready

36. What percentage of construction has been completed?
0

37. What is the estimated completion date of construction?
12/31/2018

1 A bill to be entitled
2 An act relating to the Appropriations Project titled
3 Fort Myers Beach Water Main Improvements; providing an
4 appropriation; providing an effective date.

5
6 Be It Enacted by the Legislature of the State of Florida:

7
8 Section 1. Fort Myers Beach Water Main Improvements is an
9 Appropriations Project as defined in The Rules of The Florida
10 House of Representatives and is described in Appropriations
11 Project Request 826, herein incorporated by reference.

12 Section 2. For fiscal year 2018-2019 the nonrecurring sum
13 of \$500,000 from the General Revenue Fund is appropriated to the
14 Department of Environmental Protection to fund the Fort Myers
15 Beach Water Main Improvements as described in Appropriations
16 Project Request 826.

17 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Plant City Franklin Street Neighborhood Stormwater Improvements
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Daniel Burgess
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.)			Develop New Funds Request for FY 2018-19 (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 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:					650,000	650,000

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.

Money reverts

6. Requester:

- a. Name: Mike Karr
- b. Organization: City of Plant City
- c. Email: mkarr@plantcitygov.com
- d. Phone #: (813)659-4274

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

- a. Name: Michael Schenk
- b. Organization: City of Plant City
- c. Email: mschenk@plantcitygov.com
- d. Phone #: (813)659-4200

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

- a. Name: Sydney Ridley
- b. Firm: Southern Strategy Group
- c. Email: ridley@sostrategy.com
- d. Phone #: (813)407-0691

9. Organization or Name of entity receiving funds:

- a. Name: City of Plant City
- b. County (County where funds are to be expended): Hillsborough
- c. Service Area (Counties being served by the service(s) provided with funding): Hillsborough

10. What type of organization is the entity that will receive the funds? (Select one)

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

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

Flooding mitigation in Franklin Street Neighborhood which is home to Wilson Elementary School. Wilson is also a hurricane shelter. It will also provide safer access for students who walk or ride bikes from the surrounding neighborhood to the Wilson Elementary School without having to travel through flooded streets and sidewalks.

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:		
<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 design/construction administration/observation and certification fees	75,000
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	Construction of flood mitigation lines.	575,000
TOTAL		650,000

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)

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)

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:

Letters from Hillsborough County School Board Member and Woodrow Wilson Elementary School Principal

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:

In 2010 the City retained an engineering company to design the stormwater infrastructure improvements due to the lack of drainage in the Franklin Street neighborhood. The design effort was in response to numerous flooding complaints from residents and the Elementary School.

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	Describe the method for measuring level
--------------------	---	---

	or outcome	of benefit
<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.)	Mitigate flooding and increase public health	No standing water in the neighborhood
<input checked="" type="checkbox"/> Improve transportation conditions	Improve public safety for students and vehicular traffic	Students and vehicular traffic would not have to deal with standing water in and along the roadway
<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 checked="" type="checkbox"/> Improve stormwater management	Stormwater would not flood roadway and residences. Would provide a	No flooding on the roadway

	positive outfall for the stormwater.	
<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):		

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?
1. Amount Requested from the State in this Appropriations Project Request:	650,000	76.5%	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:	200,000	23.5%	Yes
5. Other:	0	0.0%	No
TOTAL	850,000	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?

Stormwater Utility Fees

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)
 - e. N/A
24. Has project been addressed in a local, regional, or state plan?
No
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?
- a. Financially Disadvantaged Municipality
 - b. Rural Area of Critical Economic Concern
 - c. Rural Community Experiencing Economic Distress
 - d. N/A
27. What is the status of planning?
- a. Ready
 - b. Not Ready
28. What percentage of the planning process has been completed?
100%
29. What is the estimated planning completion date?
01/01/2020
30. What is the status of design?
- a. Ready
 - b. Not Ready
31. What percentage of design has been completed?
75%

32. What is the estimated design completion date?

10/01/2018

33. List all required permits.

Southwest Florida Water Management District Environmental Resource Permit

34. What is the status of permitting?

a. Planned

b. Submitted

c. Received

35. What is the status of construction?

a. Ready

b. Not Ready

36. What percentage of construction has been completed?

0%

37. What is the estimated completion date of construction?

01/01/2020

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Plant City Franklin Street Neighborhood Stormwater
 4 Improvements; providing an appropriation; providing an
 5 effective date.

6
 7 Be It Enacted by the Legislature of the State of Florida:
 8

9 Section 1. Plant City Franklin Street Neighborhood
 10 Stormwater Improvements is an Appropriations Project as defined
 11 in The Rules of The Florida House of Representatives and is
 12 described in Appropriations Project Request 655, herein
 13 incorporated by reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 15 of \$650,000 from the General Revenue Fund is appropriated to the
 16 Department of Environmental Protection to fund the Plant City
 17 Franklin Street Neighborhood Stormwater Improvements as
 18 described in Appropriations Project Request 655.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Town of Jay - Bray Hendricks Park
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Jayer Williamson
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 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
	Column: A	Column: B	Column: C	Column: D	Column: E	Column: F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					300,000	300,000

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.

Standard contract penalties to be considered for failing to meet deliverables or performance standards.

6. Requester:

- a. Name: Shon Owens
- b. Organization: Town of Jay, Interim Mayer
- c. Email: townclrk@bellsouth.net
- d. Phone #: (850)675-4556

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

- a. Name: Micah Jones
- b. Organization: Dewberry I Preble-Rish, Inc.
- c. Email: mjjones@dewberry.com
- d. Phone #: (850)435-7424

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: Town of Jay
- b. County (County where funds are to be expended): Santa Rosa
- c. Service Area (Counties being served by the service(s) provided with funding): Escambia, Okaloosa, Santa Rosa

10. What type of organization is the entity that will receive the funds? (Select one)

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

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

Bray-Hendricks Park is a master planned sports complex in Jay, FL. The park is planned to consist of 5 competition softball fields, a regulation baseball field, 3 peewee tee-ball fields, 4 tennis courts, basketball court, soccer/football field, children's splash pad, playground , accessory concession, and bathrooms. Economically, the sports complex can bring opportunity to the area by hosting tournaments and events that draw visitors.

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:		
<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	Master Plan design and Phase 1 implementation	60,000
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	Phase 1 Construction	240,000
TOTAL		300,000

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)

- 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)

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:

A council meeting held on October 17, 2017 discussed the Town Council's decision to move forward with project improvements.

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?

Recreation and public access.

17b. Describe the direct services to be provided to the citizens by the funding requested.

The project will provide a local facility to bring the communities together for activities, as well as generating economic opportunity by hosting events and tournaments, which are shown to bring in visitors and boost local economies.

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 served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

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
<input checked="" type="checkbox"/> Improve physical health	Reduced childhood obesity.	Physicals completed on children who participate in outdoor activities vs. children who do not.
<input checked="" type="checkbox"/> Improve mental health	Reduced childhood depression.	The number of visitors before improvements are made vs. number

		of visitors after.
<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 type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Increase the number of people visiting the Town of Jay.	The number of visitors before improvements are made vs. number of visitors after.
<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):		

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?
1. Amount Requested from the State in this Appropriations Project Request:	300,000	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	300,000	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 requested after 2018-19 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

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

- 1 year
- 2 years
- 3 years
- 4 years

>= 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?.

Ongoing activity ? no total cost

<1M

1-3M

>3-10M

>10M

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Town of Jay - Bray Hendricks Park; providing an
 4 appropriation; providing an effective date.

5
 6 Be It Enacted by the Legislature of the State of Florida:

7
 8 Section 1. Town of Jay - Bray Hendricks Park is an
 9 Appropriations Project as defined in The Rules of The Florida
 10 House of Representatives and is described in Appropriations
 11 Project Request 1014, herein incorporated by reference.

12 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 13 of \$300,000 from the General Revenue Fund is appropriated to the
 14 Department of Environmental Protection to fund the Town of Jay -
 15 Bray Hendricks Park as described in Appropriations Project
 16 Request 1014.

17 Section 3. This act shall take effect July 1, 2018.

