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# Agriculture & Natural Resources Appropriations Subcommittee

Thursday, January 18, 2018  
1:00 PM – 5:00 PM  
Morris Hall

Meeting Packet  
Volume I



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

**Richard Corcoran**  
Speaker

**Ben Albritton**  
Chair

**AGENDA**

Thursday, January 18, 2018  
Morris Hall  
1:00 pm – 5:00 pm

- i. Call to Order/Roll Call
- ii. Opening Remarks by Chair Albritton
- iii. Consideration of Appropriations Project Bills:
  - 1. 2031
  - 2. 2039
  - 3. 2063
  - 4. 2067
  - 5. 2123
  - 6. 2159
  - 7. 2161
  - 8. 2169
  - 9. 2181
  - 10. 2221
  - 11. 2227
  - 12. 2279
  - 13. 2377
  - 14. 2413
  - 15. 2415
  - 16. 2453
  - 17. 2475
  - 18. 2481
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  - 20. 2489
  - 21. 2491
  - 22. 2507
  - 23. 2547

24. 2549
25. 2551
26. 2589
27. 2605
28. 2743
29. 2803
30. 2805
31. 2807
32. 2847
33. 2857
34. 2893
35. 2895
36. 2925
37. 2927
38. 2971
39. 2985
40. 3075
41. 3187
42. 3215
43. 3221
44. 3257
45. 3293
46. 3387
47. 3405
48. 3423
49. 3439
50. 3451
51. 3471
52. 3483
53. 3503
54. 3509
55. 3537
56. 3587
57. 3591
58. 3689
59. 3715
60. 3723
61. 3803
62. 3807
63. 3809
64. 3825
65. 3833
66. 3863
67. 3899
68. 3909

- 69. 3923
- 70. 3925
- 71. 3951
- 72. 4005
- 73. 4009
- 74. 4051
- 75. 4097
- 76. 4099
- 77. 4103
- 78. 4109
- 79. 4111
- 80. 4117
- 81. 4119
- 82. 4121
- 83. 4161
- 84. 4201
- 85. 4207
- 86. 4211
- 87. 4223
- 88. 4267
- 89. 4271
- 90. 4277
- 91. 4279
- 92. 4283
- 93. 4285
- 94. 4287
- 95. 4301
- 96. 4359
- 97. 4397
- 98. 4401
- 99. 4403
- 100. 4457
- 101. 4475
- 102. 4477
- 103. 4575
- 104. 4579
- 105. 4601
- 106. 4607
- 107. 4615
- 108. 4619

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: Venice Water Main Replacement Phase 6

2. Date of Submission: 09/29/2017

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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <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.

## Quarterly Reports

6. Requester:

- a. Name: Edward Lavallee
- b. Organization: City of Venice
- c. Email: elavallee@venicegov.com
- d. Phone #: (941)882-7399

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

- a. Name: Brenda Westlake
- b. Organization: City of Venice
- c. Email: bwestlake@venicegov.com
- d. Phone #: (941)882-7424

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

- a. Name: Chris Schoonover
- b. Firm: Capital City Consulting
- c. Email: cschoonover@capcityconsult.com
- d. Phone #: (850)264-7588

9. Organization or Name of entity receiving funds:

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

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

To replace 1950's cast iron pipelines that are heavily tuerculated and relocate pipelines from backyard easements into the street fronts for better accessibility and safer and less disruptive maintenance and at a lower cost to the City for repair. The new pipelines are critical to provide needed increased fire flow protection as well as improve pressure characteristics for domestic and commercial users. This project is the second phase of a proposed three phase project set.

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	Replace 1950's 2"-4" heavily tuberculated cast iron pipes with new larger and material resistant to the tuberculated process which will provide the needed increase to fire flow protection and improved	500,000



	pressure to citizens and commercial businesses. Also, to relocate the pipeline from rear yard easements to street front easements to allow for better accessibility and safer less disruptive maintenance which allows a lower cost to the City for repairs.	
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 citizens and elected City officials have approved this project through the Master Plans and Facilities Plans which allow for public comment.

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:

City of Venice Water System Facilities Plan completed by Hazen & Sawyer Engineering dated 12/2015.

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 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	The current water distribution system is cast iron heavily tuberculated and the pipeline network is only 4" in diameter or smaller, so the flow is very restricted. Also the pipelines need to be relocated to the road right of way to allow a safer and more cost effective maintenance activities.	The project will allow the City to install larger diameter pipes which will allow increase flow for fire flow protection and improve domestic flow and pressure to citizens. This project will also install pipeline material that is resistant to the tuberculation process, saving future maintenance cost.
<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	25.0%	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:	1,875,000	75.0%	Yes
5. Other:	0	0.0%	No
TOTAL	2,375,000	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/Sewer Net 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)
- 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 Venice Florida Department of Environmental Protection (FDEP) Water System Facilities Plan September 2015 (pages 3,5,16,29-38,40).

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?

50%

29. What is the estimated planning completion date?

2/28/2018

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?

1/30/2019

33. List all required permits.

Florida Department of Health & Florida Department of Environmental Protection

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

HB 2031

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Venice Water Main Replacement Phase 6; 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. Venice Water Main Replacement Phase 6 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 28, 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 Venice Water  
15 Main Replacement Phase 6 as described in Appropriations Project  
16 Request 28.

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 Turtle Creek Water Quality Weir
2. Date of Submission: 09/18/2017
3. House Member Sponsor: MaryLynn Magar  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					350,000	350,000

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.

if project not constructed, funds to be reverted back to DEP

6. Requester:

- a. Name: Deborah Drum
- b. Organization: Martin County Engineering Dept., Ecosystems Restoration & Mgmt Division
- c. Email: ddrum@martin.fl.us
- d. Phone #: (772)463-3263

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

- a. Name: Greg Nolte
- b. Organization: Project Manager - Ecosystems Restoration & Mgmt Div.
- c. Email: gnolte@martin.fl.us
- d. Phone #: (772)221-2380

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)210-6498

9. Organization or Name of entity receiving funds:

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

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?

Design and construction of water quality weir to reduce nutrient loads to the Loxahatchee River

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	creation of water quality and storm pipe facilities including engineering, design, and construction	350,000
TOTAL		350,000

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:

vetted and ranked as a project that should be completed by the Loxahatchee River Preservation Initiative (LRPI)

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 community within the Loxahatchee watershed have opted to initiate a Reasonable Assurance Plan to address impaired waters in and around the Loxahatchee River

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 nutrients and total suspended solids for water flowing in the Loxahatchee River	water quality monitoring at the inflows and outflows of the project.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Total Phosphorus and Total Nitrogen reductions	water quality monitoring at the inflows and outflows of the project.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	construction activities will utilize contractors, supporting economic activity for building the project. The completed project resulting in cleaner water will support local water dependent businesses .	Consult with the local chamber of commerce an/or Economic Council of Martin County regarding water dependent businesses success/failure.
<input checked="" type="checkbox"/> Increase tourism	cleaner water will result from the project creating better conditions for tourism based economy	measure the collection of bed tax from increased tourism.
<input checked="" type="checkbox"/> Create specific immediate job opportunities	construction activities will utilize contractors, supporting economic activity for building the project.	Consult with the local chamber of commerce an/or Economic Council of Martin County regarding water dependent businesses success/failure.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	construction activities will utilize contractors, supporting economic activity for building the project.	no planned measurement
<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	reduce nutrients and total suspended solids for water flowing in the Loxahatchee River	water quality monitoring at the inflows and outflows of the project.
<input checked="" type="checkbox"/> Improve groundwater quality	improved groundwater quality is implied by this project, but there are no funds to specifically measure the improvement.	no planned measurement
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	reduce nutrients and total suspended solids for water flowing in the Loxahatchee River	water quality monitoring at the inflows and outflows of the project
<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:	350,000	50.0%	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:	350,000	50.0%	Yes

5. Other:	0	0.0%	No
TOTAL	700,000	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?

local ad valorem funds

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?

Yes

24a. If Yes, insert plan name and cite page numbers.

Martin County Water Quality/ Stormwater Needs Assessment; Loxahatchee River Reasonable Assurance Plan (draft, but project expected to be included)

25. Is the project for a financially disadvantaged community?

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?  
10%
29. What is the estimated planning completion date?  
9/30/2018
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?  
4/30/2019
33. List all required permits.  
SFWMD Environmental Resource Permt (ERP); 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?  
9/30/2019

HB 2039

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Martin County Turtle Creek Water Quality Weir;  
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 Turtle Creek Water Quality Weir  
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 8, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$350,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Martin County  
17 Turtle Creek Water Quality Weir as described in Appropriations  
18 Project Request 8.

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: Martin County South Savannas Water Control Weir

2. Date of Submission: 10/02/2017

3. House Member Sponsor: Gayle Harrell

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 <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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <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.

If project not constructed, funds to be reverted back to FDEP.

6. Requester:

- a. Name: Deborah Drum
- b. Organization: Martin County Engineering Dept. Ecosystems Restoration and Management Division
- c. Email: ddrum@martin.fl.us
- d. Phone #: (772)463-3263

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

- a. Name: Dianne Hughes
- b. Organization: Martin County Engineering Department
- c. Email: dhughes@martin.fl.us
- d. Phone #: (772)219-4980

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)210-6498

9. Organization or Name of entity receiving funds:

- a. Name: Martin County
- 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?

Design and construction of an operable water control weir structure to provide habitat restoration to the wetland to the north, reduce velocities in Warner Creek, reduce flooding in adjacent neighborhoods, provide ground water recharge, and improve timing of fresh water discharge to the estuary.

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	Creation of water control weir including engineering, design, permitting and construction.	300,000
<b>TOTAL</b>		<b>300,000</b>

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:

Phase 1 of this project is currently underway and consists of the development of a hydrological model to assist stakeholders in Martin and St Lucie counties to develop an operational schedule and to provide structural improvements within the Savannas 22,000 acre watershed. During numerous public meetings for Phase I it was discussed that structural and non-structural improvements for the system would be developed.

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:

A contractor has been hired to develop a hydrological model and to provide an alternatives analysis for the Savannas 22,000+ acre watershed in Martin and St. Lucie Counties. The alternatives analysis includes

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	Habitat restoration in Savannas Preserve State Park by increasing wetland hydroperiod.	Hydroperiod monitoring of the wetland north of the newly constructed weir.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Reduced flooding to downstream homes during peak storm events.	Reduced number of flooded homes/areas.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Construction activities will utilize contractors, supporting economic activity for building the project.	Increased tax base.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Construction activities will utilize contractors, supporting economic activity for building the project..	No planned measurements for this benefit
<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	Reduced flooding to downstream homes during peak storm events.	Reduced number of flooded homes/areas.
<input checked="" type="checkbox"/> Improve groundwater quality	Improved groundwater quality is implied by this project, but there are no funds to specifically measure the improvement.	No planned measurements for this benefit.
<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	50.0%	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:	300,000	50.0%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>600,000</b>	<b>100%</b>	

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?

Local 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?

Yes

24a. If Yes, insert plan name and cite page numbers.

FDEP/Florida Park Service Savannas Preserve State Park Unit Management Plan, Page 23.

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?

10%

29. What is the estimated planning completion date?

9/30/2018

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?  
4/30/2019
33. List all required permits.  
SFWMD Environmental Resource Permit (ERP); 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?  
9/30/2019

HB 2063

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Martin County South Savannas Water Control Weir;  
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 South Savannas Water Control Weir  
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 30, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$300,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Martin County  
17 South Savannas Water Control Weir as described in Appropriations  
18 Project Request 30.

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: Martin County Manatee Pocket Southwest Prong Stormwater Quality Retrofit
2. Date of Submission: 10/06/2017
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 <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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <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'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.

If project is not constructed, funds to be reverted back to FDEP.

6. Requester:

- a. Name: Deborah Drum
- b. Organization: Martin County Engineering Department, Ecosystems Retoration and Management Division
- c. Email: ddrum@martin.fl.us
- d. Phone #: (772)463-3263

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

- a. Name: Greg Nolte
- b. Organization: Martin County
- c. Email: gnolte@martin.fl.us
- d. Phone #: (772)221-2380

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)210-6498

9. Organization or Name of entity receiving funds:

- a. Name: Martin County
- 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?

Engineering, survey, environmental and geotechnical work to design and permit a water quality retrofit project consisting of a Stormwater Treatment Area (STA) and control structure to reduce nutrient loads to the St Lucie River and estuary.

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	Engineering and design of a water quality retrofit project consisting of a stormwater treatment area, control structure, pipe facilities including engineering, design, permitting, survey, geotechnical and environmental work.	140,000



TOTAL		140,000
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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:

Vetted and ranked as a project that should be completed by the St Lucie River Issues Team.

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 Basin Management Action Plan (BMAP) in the St Lucie River and Estuary. St Lucie River Watershed Protection 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	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 checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Reduce nutrients and total suspended solids for water flowing in the St Lucie Estuary.	Water quality monitoring at the inflows and outflows of the project
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Total Phosphorus and Total Nitrogen reductions.	Water quality monitoring at the inflows and outflows of the project.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Construction activities will utilize contractors, supporting economic activity for building the project. The completed project resulting in cleaner water will support local water dependent businesses.	Consult with the local chamber of commerce and Economic Council of Martin County regarding water dependent businesses success or failure.
<input checked="" type="checkbox"/> Increase tourism	Cleaner water will result from the project, creating better conditions for a tourism based economy.	Measure the collection of bed tax from increased tourism.
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Construction activities will utilize contractors supporting economic activity for building the project.	Reduced unemployment.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Construction activities will utilize contractors, supporting economic	Consult with the local chamber of commerce and Economic Council of

	activity for building the project.	Martin County regarding water dependent businesses success or failure.
<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	Reduce nutrients and total suspended solids for water flowing in the St Lucie Estuary.	Water quality monitoring at the inflows and outflows of the project.
<input checked="" type="checkbox"/> Improve groundwater quality	Improved groundwater quality is implied by this project, but there are no funds to specifically measure the improvement.	No planned measurements for this benefit.
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Reduce nutrients and total suspended solids for water flowing in the St Lucie Estuary.	Water quality monitoring at the inflows and outflows of the project.
<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	50.0%	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:	140,000	50.0%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>280,000</b>	<b>100%</b>	

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?

Local ad valorem funds.

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.

Martin County Water Quality/Stormwater needs assessment; Florida Department of Environmental Protection's Basin Management Action Plan (BMAP) in the St Lucie River and Estuary, St Lucie River Watershed Protection 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?

- 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?

10%

29. What is the estimated planning completion date?

12/31/2019

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?
- 09/30/2019
33. List all required permits.
- SFWMD Environmental Resource Permit (ERP); 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?
- 09/30/2020

HB 2067

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Martin County Manatee Pocket Southwest Prong  
4           Stormwater Quality Retrofit; providing an  
5           appropriation; providing an effective date.

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

9           Section 1. Martin County Manatee Pocket Southwest Prong  
10 Stormwater Quality Retrofit is an Appropriations Project as  
11 defined in The Rules of The Florida House of Representatives and  
12 is described in Appropriations Project Request 39, 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 Martin County  
17 Manatee Pocket Southwest Prong Stormwater Quality Retrofit as  
18 described in Appropriations Project Request 39.

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: Sarasota County - Dona Bay Watershed Restoration Project
2. Date of Submission: 10/24/2017
3. House Member Sponsor: Joe Gruters  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					4,000,000	4,000,000

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.

Denial of funding for items which fail to meet deliverables or performance measures.

6. Requester:

- a. Name: Scott Schroyer
- b. Organization: Sarasota County Public Utilities
- c. Email: sschroyer@scgov.net
- d. Phone #: (941)861-0661

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

- a. Name: Kelly Westover
- b. Organization: Sarasota County Public Utilities
- c. Email: kwestover@scgov.net
- d. Phone #: (941)650-1208

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

- a. Name: Rob Lewis
- b. Firm: Sarasota County Board of County Commissioners
- c. Email: rlewis@scgov.net
- d. Phone #: (941)444-9532

9. Organization or Name of entity receiving funds:

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

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

This funding will help Sarasota County work towards its stated program goals of reducing the volume of fresh water discharged to the tidal estuary of Dona Bay, pollutant (nutrient) load removal, and the rehydration of previously-impacted wetlands. This project is especially important in providing a buffering system to capture, retain, and treat the excess fresh water and pollutants that are normally flushed rapidly to tide following a tropical storm or hurricane event.

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 used to offset a portion of the construction costs of a new pipeline from the southern terminus of Phase I to a 400-acre former shell rock mine that was excavated in the historical (pre-	4,000,000

	drainage modifications) path of Cow Pen Slough. Phase II of the project also involves reclamation and modification to the former mine and re-establishing the historical connection from Cow Pen Slough to the nearby Myakka River.	
TOTAL		4,000,000

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:

The Dona Bay Restoration Project is supported by public policy and funding resolutions passed by the Sarasota County Board of County Commissioners and by the results and conclusions of the Dona Bay Watershed Management Plan prepared by the Southwest Florida Water Management District.

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 project is currently in Phase 2 of a three-phase program. The project budget has been developed by consultants in cooperation with the Southwest 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 checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Improve water quality in estuaries	Surface water quality monitoring
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Reduced post-storm pollution in estuaries	Surface water quality monitoring
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Improved water quality at Venice Inlet, home to two popular recreation destinations (North Jetty and South Jetty County Parks)	Surface water quality monitoring; attendance/use counts at parks
<input checked="" type="checkbox"/> Increase tourism	Improved water quality at Venice Inlet, home to two popular tourist	Surface water quality monitoring; attendance/use counts at parks

	destinations (North Jetty and South Jetty County Parks)	
<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	Capture, treat, retain, and slowly release excess stormwater.	Stormwater volume and stage level monitoring
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Reduce nutrients in estuaries	Surface 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:	4,000,000	49.2%	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:	4,125,000	50.8%	Yes
5. Other:	0	0.0%	No
TOTAL	8,125,000	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?

Sarasota County Public Utilities Operating 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.

Dona Bay Watershed Management Plan (Sarasota County and SWFWMD)

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?

06/30/2015

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?  
05/15/2016
33. List all required permits.  
SWFWMD Environmental Resource Permit and SWFWMD Water Use 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?  
04/30/2019

HB 2123

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Sarasota County - Dona Bay Watershed Restoration  
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. Sarasota County - Dona Bay Watershed  
10 Restoration 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 93, herein  
13 incorporated by reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$4,000,000 from the General Revenue Fund is appropriated to  
16 the Department of Environmental Protection to fund the Sarasota  
17 County - Dona Bay Watershed Restoration Project as described in  
18 Appropriations Project Request 93.

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: Miami Lakes West Drainage Improvements Phase 3
2. Date of Submission: 10/17/2017
3. House Member Sponsor: Manny Diaz  
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? 2015-16
- 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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <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.

No payment made for undeliverables

6. Requester:

- a. Name: Alex Rey
- b. Organization: Town of Miami Lakes (Town Manager)
- c. Email: reya@miami-fl.gov
- d. Phone #: (305)364-6100

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

- a. Name: Alex Rey
- b. Organization: Town of Miami Lakes (Town Manager)
- c. Email: reya@miami-fl.gov
- d. Phone #: (305)364-6100

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

- a. Name: Kevin Marino
- b. Firm: Southern Strategy Group
- c. Email: cabrera@sostrategy.com
- d. Phone #: (786)329-9080

9. Organization or Name of entity receiving funds:

- a. Name: Town of Miami Lakes
- 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 purpose will be to avoid flooding, improve drainage capacity, eliminate standing rain and storm water, protect residential property, and reduce the possibility of mosquito-transmitted diseases to the public.

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	Drainage system installation of drainage pipes in residential roads and exfiltration trenches, connecting to the storm water main line on NW 89th avenue leading to an outfall	500,000
<b>TOTAL</b>		<b>500,000</b>

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 town leveraged community support and recieved \$300,000 in 2013-12 legislative appropriations process and \$300,000 through the 2014-2015 legislative appropriations process to complete the underground the infrastrure. The Town Council passed a unanimous resolution.

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 town has completed the Storm Water Master plan update #1 (2006) and Capital Improvement Programs in 2012.

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 checked="" type="checkbox"/> Improve physical health	eliminate mosquito breeding areas	specified deliverables achieved and reduced number of 311 service requests
<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.)	eliminate standing rain and storm water to reduce the possibility of mosquito-transmitted diseases to the public	specified deliverables achieved and reduced number of 311 service requests
<input checked="" type="checkbox"/> Improve transportation conditions	improve drainage capacity	annually recorded residential flooding GIS data
<input checked="" type="checkbox"/> Increase or improve economic activity	Protect private property and residential neighborhoods	annually recorded residential flooding GIS data
<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:	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
<b>TOTAL</b>	<b>1,000,000</b>	<b>100%</b>	

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?

Town of Miami akes Stormwater Utility Fund and Transportation 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)
- 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.

The project is documented in the Town of Miami Lakes Stormwater Master Plan Update #2 Pages 28-40

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?

6/12/2018

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?

1/17/2018

33. List all required permits.

DERM

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?

09/20/2020

HB 2159

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Miami Lakes West Drainage Improvements Phase 3;  
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. Miami Lakes West Drainage Improvements Phase 3  
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 56, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$500,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Miami Lakes  
17 West Drainage Improvements Phase 3 as described in  
18 Appropriations Project Request 56.

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: Miami Lakes Royal Oaks Drainage Improvements
2. Date of Submission: 10/17/2017
3. House Member Sponsor: Manny Diaz  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <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.

No payment made for deliverables deemed unsatisfactory.

6. Requester:

- a. Name: Alex Rey
- b. Organization: Town of Miami Lakes
- c. Email: reya@miami-fl.gov
- d. Phone #: (305)364-3072

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

- a. Name: Alex Rey
- b. Organization: Town of Miami Lakes
- c. Email: reya@miami-fl.gov
- d. Phone #: (305)364-3072

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

- a. Name: Kevin Cabrera
- b. Firm: SSG
- c. Email: cabrera@sostrategy.com
- d. Phone #: (786)329-9080

9. Organization or Name of entity receiving funds:

- a. Name: Town of Miami Lakes
- 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 funds requested will be used to avoid flooding, improve drainage capacity, eliminate standing rain and storm water, protect residential property.

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 drainage system and instillation of storm water pipes.	500,000
<b>TOTAL</b>		<b>500,000</b>

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 Town Council unanimously approved Resoultion 15-1333 adopting the 2025 strategic plan.

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 plan has been worked on since 2006 to examine and fix storm water operation and and maintenance and capital improvement program

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.)	less mosquitos caused by flooding and storm water	Reduced number of 311 cases and Zika related service requests.
<input checked="" type="checkbox"/> Improve transportation conditions	Less flooding and decrease in quality of road and construction.	Traffic Study
<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:	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
<b>TOTAL</b>	<b>1,000,000</b>	<b>100%</b>	

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 Miami Lakes Storm Water Utility Fund and Transportation 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)
- 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 Miami Lakes Storm Water Master Plan Update #2 Pages 44-56

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?

2018

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?

2018

33. List all required permits.

DERM

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?

09/30/2021

HB 2161

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Miami Lakes Royal Oaks Drainage 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. Miami Lakes Royal Oaks Drainage Improvements is  
10 an Appropriations Project as defined in The Rules of The Florida  
11 House of Representatives and is described in Appropriations  
12 Project Request 57, herein incorporated by reference.

13           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
14 of \$500,000 from the General Revenue Fund is appropriated to the  
15 Department of Environmental Protection to fund the Miami Lakes  
16 Royal Oaks Drainage Improvements as described in Appropriations  
17 Project Request 57.

18           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: Manatee County - Robinson Preserve Habitat Restoration

2. Date of Submission: 10/31/2017

3. House Member Sponsor: Joe Gruters

Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- 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*
- What is the most recent fiscal year the project was funded? 2017-18
- Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- 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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		600,000	600,000		600,000	600,000

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? Fish and Wildlife Conservation Commission

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.

Manatee County will place performance deadlines and standards on its contract with the restoration contractor

6. Requester:

- a. Name: Charlie Hunsicker
- b. Organization: Manatee County Government - Manatee County Parks and Natural Resources
- c. Email: charlie.hunsicker@mymanatee.org
- d. Phone #: (941)742-5923

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

- a. Name: Charlie Hunsicker
- b. Organization: Manatee County Government - Manatee County Parks and Natural Resources
- c. Email: charlie.hunsicker@mymanatee.org
- d. Phone #: (941)742-5923

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

- a. Name: Cari Roth
- b. Firm: Dean, Mead and Dunbar
- c. Email: croth@deanmead.com
- d. Phone #: (850)270-5516

9. Organization or Name of entity receiving funds:

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

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

The goal of this project is to achieve habitat restoration and public recreation through a sustainable balance of passive use access improvements and ecological enhancement. The project is located at the confluence of Sarasota and Tampa Bays, both federally recognized estuaries of national significance, and is supported by the both respective national estuary program Comprehensive Conservation and Management Plans (CCMP) for benefits to habitats, fisheries, wildlife, education, and outreach.

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	Habitat restoration and public use amenities.	600,000
<b>TOTAL</b>		<b>600,000</b>

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:

Project has received strong public support as documented in numerous support letters from local and regional stakeholders. Intensive public feedback was acquired as part of the RESTORE Act Direct Component MYIP review process through U.S. Dept of Treasury resulting in extensive positive feedback from the public.

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?

Re-grading disturbed land, restoration of natural habitats, and construction of educational and recreational amenities.

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

Project will result in restoration of natural habitats, increased water quality treatment, fisheries enhancements, increased access for outdoor recreation, fitness amenities, and preservation and enhancement of cultural heritage.

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 type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	Preserve patrons will experience restored habitats that historically existed in coastal Manatee County and are intertwined with a local cultural heritage valuing natural landscapes.	Outcomes will be measured by biannual traffic counts of people visiting the preserves.
<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	Habitat Restoration will be measured in acres of habitat improved.	Method for measuring level of benefit will be by qualitative analysis of plant communities with monitoring performed by Manatee County Staff
<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	Over 300,000 visitor days recorded at the existing Preserve will increase upon completion of the expansion parcel.	Biannual traffic counts entering the Preserve.
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Contract labor will be employed for restoration landscape plantings.	Contractor labor figures from contractual laborers.
<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	Reestablishment of desirable native vegetation will aid in nutrient uptake and storm water infiltration prior to discharge into surface waters.	Benefits are assumed based on available science and regulatory practices. Measurement of benefit will be by acres of restored habitat.
<input checked="" type="checkbox"/> Improve groundwater quality	Reestablishment of desirable native vegetation will aid in nutrient uptake and storm water filtration prior to recharging surficial groundwater, which in turn interacts with tidal exchange.	Benefits are assumed based on available science and regulatory practices. Measurement of benefit will be by acres of restored habitat.
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Reestablishment of desirable native vegetation will aid in nutrient uptake and storm water infiltration prior to tidal exchange with class III high quality coastal waters.	Benefits are assumed based on available science and regulatory practices. Measurement of benefit will be by acres of restored habitat.
<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:	600,000	3.4%	N/A
2. Federal:	2,270,946	13.0%	No

3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	7,371,034	42.1%	Yes
5. Other:	7,282,000	41.6%	Yes
TOTAL	17,523,980	100%	

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

No



HB 2169

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Manatee County - Robinson Preserve Habitat  
4           Restoration; 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. Manatee County - Robinson Preserve Habitat  
10 Restoration is an Appropriations Project as defined in The Rules  
11 of The Florida House of Representatives and is described in  
12 Appropriations Project Request 167, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$600,000 from the General Revenue Fund is appropriated to the  
16 Fish and Wildlife Conservation Commission to fund the Manatee  
17 County - Robinson Preserve Habitat Restoration as described in  
18 Appropriations Project Request 167.

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: Riviera Beach Singer Island South Stormwater Improvements
2. Date of Submission: 10/25/2017
3. House Member Sponsor: Bill Hager  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					1,183,000	1,183,000

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.

withholding of disbursement of the grant funds until the deliverables are completed

6. Requester:

- a. Name: Rebecca DeLaRosa
- b. Organization: Palm Beach County
- c. Email: rdelarosa@pbcgov.org
- d. Phone #: (561)355-3451

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

- a. Name: Chris Pettit
- b. Organization: Palm Beach County
- c. Email: cpettit@pbcgov.org
- d. Phone #: (941)549-2088

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

- a. Name: Rebecca DeLaRosa
- b. Firm: Palm Beach County
- c. Email: rdealrosa@pbcgov.org
- d. Phone #: (561)355-3451

9. Organization or Name of entity receiving funds:

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

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 improve water quality within Lake Worth Lagoon by minimizing sediment and nutrient loading through proposed stormwater management system improvements.

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	Fixed capital costs (construction activities)	1,183,000
<b>TOTAL</b>		<b>1,183,000</b>

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 was presented to the public and is supported at the municipal level (City of Riviera Beach) with financial commitment to the project and associated matching funds.

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	Water quality improvements	Water quality monitoring
<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	Water quality improvements	Water quality monitoring
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	drainage improvements will result in improved flood protection for vulnerable areas during storm events	reduction in flooding events during high water periods
<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	Water quality improvements through minimization of sediment and nutrient loading by way of stormwater system modifications.	Water quality monitoring
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Water quality improvements through minimization of sediment and nutrient loading by way of stormwater system	Water quality monitoring

	modifications.	
<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:	1,183,000	21.5%	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:	4,331,334	78.5%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>5,514,334</b>	<b>100%</b>	

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?

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?

Yes

24a. If Yes, insert plan name and cite page numbers.

City of Riviera Beach Stormwater Master Plan (2009) Plan and the Lake Worth Lagoon 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?

- 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?

06/01/2017

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?

06/01/2017

33. List all required permits.

Municipal construction permits

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?

01/01/2019

HB 2181

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Riviera Beach Singer Island South 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. Riviera Beach Singer Island South Stormwater  
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 122, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$1,183,000 from the General Revenue Fund is appropriated to  
16 the Department of Environmental Protection to fund the Riviera  
17 Beach Singer Island South Stormwater Improvements as described  
18 in Appropriations Project Request 122.

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: Moore Haven Water Plant Expansion
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	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)	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					1,754,000	1,754,000

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.

## Non-payment of invoices

### 6. Requester:

- a. Name: Maxine Brantley
- b. Organization: City of Moore Haven
- c. Email: maxinebrantley@moorehaven.org
- d. Phone #: (863)946-0711

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

- a. Name: Maxine Brantley
- b. Organization: City of Moore Haven
- c. Email: maxinebrantley@moorehaven.org
- d. Phone #: (863)946-0711

### 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 Moore Haven
- 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?

Comply with the Florida Administrative Code & FDEP regulations, provides increased capacity & flows, improved water quality for residents & visitors, new & existing businesses -- Love's Truck Stop, Dollar Store, marina, parks, government operations (Schools, Courts, Sheriff, Health Dept. Emergency Operations, prison facilities where State inmates are housed, protection of public health, reduces boil water notices, no loss of revenues, in this rural area of critical economic distress.

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 services for final design, bidding engineering during construction, construction observation services; Contractual construction services for the	1,754,000

	construction based on final design.	
TOTAL		1,754,000

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:

City Council approval June 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?

Yes

16a. Please Describe:

Preliminary Engineering Report

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.)	Provide clean safe water, adequate water pressure to local prison, businesses, schools, courts, health dept. marina, parks, gov't operations, etc.	Increase of revenues, reduced boil water notices, improved water pressure, increased capacity and flows, no closing of businesses, schools, courts, gov't operations, etc. Protection of residents, visitors & prisoners
<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	Meets Fla. Administrative Code to expand as currently operating in excess of 75% of plant's capacity, permitting agencies regulations, increases capacity & flows, addresses water quality, and clean, safe water	Approval and certification of permitting agencies, meets State regulated water standards & regulations, expands from .99 mgp to 1.4 mgd, no boil water notices, no loss of revenues, improved water quality, capacity, pressure, & flows; provides clean, safe water.
<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:	1,754,000	95.9%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	75,000	4.1%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>1,829,000</b>	<b>100%</b>	

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?  
100%

29. What is the estimated planning completion date?  
8/31/2017
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?  
12/31/2019
33. List all required permits.  
FDEP
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

HB 2221

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Moore Haven Water Plant Expansion; 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. Moore Haven Water Plant Expansion 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 161, herein incorporated by reference.

12           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
13 of \$1,754,000 from the General Revenue Fund is appropriated to  
14 the Department of Environmental Protection to fund the Moore  
15 Haven Water Plant Expansion as described in Appropriations  
16 Project Request 161.

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: Okeechobee Utility Authority Treasure Island Septic to Sewer
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 <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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					3,500,000	3,500,000

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.

## Non-payment of invoices

### 6. Requester:

- a. Name: John Hayford
- b. Organization: Okeechobee Utility Authority
- c. Email: jhayford@ouafl.com
- d. Phone #: (863)763-9460

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

- a. Name: John Hayford
- b. Organization: Okeechobee Utility Authority
- c. Email: jhayford@ouafl.com
- d. Phone #: (863)763-9460

### 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: Okeechobee Utility Authority
- b. County (County where funds are to be expended): Okeechobee
- c. Service Area (Counties being served by the service(s) provided with funding): Okeechobee

### 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



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

Removal of 2400 old/failing private septic tanks & failing package wastewater plants leaching septic effluent into State waters, Lake Okeechobee & surrounding area estuaries. Construction of a centralized sewer system includes 70,000 linear feet piping, 80 valves, 450 collection tanks, 2 vacuum/pump stations. Augments EPA/FDEP/SFWMD water quality rules, cleanup, restoration & water policies.

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 & construction services	3,500,000
<b>TOTAL</b>		<b>3,500,000</b>

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

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: 16 County Lake Okeechobee Coalition, Okeechobee Delegation meeting, January 6, 2017; City of Okeechobee Council & Okeechobee Board of County Commission

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 entering water sources	Removal of 2400 septic tanks and conversion to central sewer system and measuring subsequent water quality. Nutrient reduction leads to less emergent vegetation growth,

		algal blooms & aquatic degradation.
<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	Project provides for a safe means to dispose of wastewater	Removal of 2400 septic tank systems & conversion to central sewer system & measuring subsequent water quality. Nutrient reduction leads to less emergent vegetation growth, algal blooms & aquatic degradation
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Project provides for a safe means to dispose of wastewater	Removal of 2400 septic tank systems & conversion to central sewer system & measuring subsequent water quality. Nutrient reduction leads to less emergent vegetation growth, algal blooms & aquatic degradation
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Employs Floridians, infrastructure addresses economic development for the east side of the town where a special needs hurricane multi-use shelter is planned on County owned property at the Agri-Civic Center which will also be used to host income producing events, i.e., agricultural related educational/training, events, concerts, art/crafts festivals	Project maintains employment; increase in revenues once infrastructure & shelter are completed, tracking of events & attendees.

<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 water quality with reduction of pollutants entering critical State waters, increased service and Removal of 2400 septic tanks & conversion to central sewer system & measuring subsequent water, increased service & reliability	Removal of 2400 septic tanks systems & conversion to central sewer system & measuring subsequent water quality. Nutrient reduction leads to less emergent vegetation growth, algal blooms & aquatic degradation
<input type="checkbox"/> Improve stormwater management		
<input checked="" type="checkbox"/> Improve groundwater quality	Reduced runoff pollutants entering water sources	Removal of 2400 septic tank systems & conversion to central sewer system & measuring subsequent water quality. Nutrient reduction leads to less emergent vegetation growth, algal blooms & aquatic degradation
<input checked="" type="checkbox"/> Improve drinking water quality	Improved water quality with reduction of pollutants entering critical State waters, increased service & reliability by the removal of 2400 septic tanks off Taylor Creek	Removal of 2400 septic tank systems & conversion to central sewer system & measuring subsequent water quality. Nutrient reduction leads to less emergent vegetation growth, algal blooms & aquatic degradation
<input type="checkbox"/> Improve surface water quality		

<input checked="" type="checkbox"/> Other (Please describe): Improves Lake Okeechobee water quality	Improves water quality flowing to coastal ecosystems - Indian River Lagoon, St. Lucie Canal & Caloosahatchee River	Reduction of green algae events & aquatic vegetation & measuring subsequent water quality.
-----------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

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:	3,500,000	14.7%	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:	1,000,000	4.2%	No
5. Other:	19,360,200	81.1%	No
TOTAL	23,860,200	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?

Operating 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.

Okeechobee Utility Authority Wastewater Master Plan, page 59 and 64

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?

10/04/2016

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?  
10/14/2017
33. List all required permits.  
SFWMD/DEP/Health Department
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?  
12/31/2021

HB 2227

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Okeechobee Utility Authority Treasure Island Septic to  
4           Sewer; 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. Okeechobee Utility Authority Treasure Island  
10 Septic to Sewer is an Appropriations Project as defined in The  
11 Rules of The Florida House of Representatives and is described  
12 in Appropriations Project Request 164, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$3,500,000 from the General Revenue Fund is appropriated to  
16 the Department of Environmental Protection to fund the  
17 Okeechobee Utility Authority Treasure Island Septic to Sewer as  
18 described in Appropriations Project Request 164.

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: Royal Palm Beach Canal System Rehabilitation Project
2. Date of Submission: 11/01/2017
3. House Member Sponsor: Matt Willhite  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		475,000	475,000		475,000	475,000

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.

Damages would be assessed and action would be decided after that time.

6. Requester:

- a. Name: Christopher Marsh
- b. Organization: The Village of Royal Palm Beach
- c. Email: cmarsh@royalpalmbeach.com
- d. Phone #: (561)790-5161

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

- a. Name: Christopher Marsh
- b. Organization: The Village of Royal Palm Beach
- c. Email: cmarsh@royalpalmbeach.com
- d. Phone #: (561)790-5161

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

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

9. Organization or Name of entity receiving funds:

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

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?

Funding will provide for canal system maintenance including canal dredging, muck disposal, surveying, and water quality testing. This aging canal system has accumulated debris and muck, due to runoff and vegetation accumulation. This project would restore drainage and storage, and improve water quality with improved oxygen levels in the water.

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	Canal dredging and muck disposal; surveying; testing services	475,000
TOTAL		475,000

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 was approved by the Village Council and is included in the current capital improvement plan.

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:

A pilot dredging study was completed for a small section of the canal system. We have documented a reduction in exotic aquatic vegetation in the section of the canal, and the aesthetics of the dredging section are greatly improved.

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	Reduction in decaying plant matter; native aquatic vegetation.	Sonar/Visual Survey
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input checked="" type="checkbox"/> Improve transportation conditions	Deeper Water.	Survey
<input checked="" type="checkbox"/> Increase or improve economic activity	Increase recreational use.	Survey
<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	Improved water depth will reduce the probability of storm debris blocking waterways.	Survey
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		

<input checked="" type="checkbox"/> Improve surface water quality	Reduced exotic vegetation.	Sonar/Visual Survey
<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:	475,000	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:	475,000	50.0%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>950,000</b>	<b>100%</b>	

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?

Operating 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.)

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?

09/01/2016

30. What is the status of design?

- a. Ready
- b. Not Ready

31. What percentage of design has been completed?

60

32. What is the estimated design completion date?

04/01/2018

33. List all required permits.

NPDES



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?

01/01/2019

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Royal Palm Beach Canal System Rehabilitation Project;  
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. Royal Palm Beach Canal System Rehabilitation  
10 Project is an Appropriations Project as defined in The Rules of  
11 The Florida House of Representatives and is described in  
12 Appropriations Project Request 190, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$475,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Royal Palm  
17 Beach Canal System Rehabilitation Project as described in  
18 Appropriations Project Request 190.

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: Lee County Lakes Park Littoral Zone Project
2. Date of Submission: 11/06/2017
3. House Member Sponsor: Matt Caldwell  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					400,000	400,000

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.

Failure to adequately fulfill deliverables as contractually agreed can lead to non-payment and/or contract termination.

6. Requester:

- a. Name: Roland Ottolini
- b. Organization: Lee County Division of Natural Resources
- c. Email: rottolini@leegov.com
- d. Phone #: (239)533-8109

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

- a. Name: Roland Ottolini
- b. Organization: Lee County Division of Natural Resources
- c. Email: rottolini@leegov.com
- d. Phone #: (239)533-8109

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

- a. Name: Sarah Bleakley
- b. Firm: Nabors Giblin & Nickerson
- c. Email: Sbleakley@ngnlaw.com
- d. Phone #: (850)224-4070

9. Organization or Name of entity receiving funds:

- a. Name: Lee County Division of Natural Resources
- 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 proposed project provides passive water quality treatment through use of a filter marsh to reduce nutrients and improve oxygen content along Hendry Creek. One of the main objectives of this project is to reduce total nitrogen discharge into Hendry Creek. This project helps achieve the goals of the Everglades West Coast Basin Management Action Plan.

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 will be spent on construction of a water quality improvement project	400,000
<b>TOTAL</b>		<b>400,000</b>

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 Lee County Board of County Commissioners adopted the project as a legislative priority at a work session on November 1, 2016 and the Commission Chairman presented the project to the Legislative Delegation on January 19, 2017. This project will become a component of the Everglades West Coast Basin BMAP implementation. The BMAP was adopted by the FL Department of Environmental Protection in December 2012 and stakeholder involvement and commitment was a key component in its development.

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:

One of the main objectives of this project is to reduce total nitrogen discharge into Hendry Creek. This project helps achieve the goals of the Everglades West Coast Basin Management Action Plan, adopted by the Florida Department of Environmental Protection in December 2012.

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 checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Improvement in water quality and wildlife usage	Collection and analysis of water quality samples; bird counts
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Improvement in water quality	Collection and analysis of water quality samples
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Value of executed contracts made possible through this funding	Track contract amounts
<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	Improvement in water quality; number of water quality improvement projects	Surface water quality monitoring results associated with project;



	built	inclusion in BMAP report
<input checked="" type="checkbox"/> Improve groundwater quality	Acrease of quality wetland system creation	Increased acreage of wetland recharge areas with higher quality water
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Improvement in water quality; number of water quality improvement projects built	Surface water quality monitoring results associated with project; inclusion in BMAP report
<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:	400,000	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:	400,000	50.0%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>800,000</b>	<b>100%</b>	

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?

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?

Yes

24a. If Yes, insert plan name and cite page numbers.

The project has been reported as a future project in the Florida Department of Environmental Protection's 2015 Progress Report for the Everglades West Coast Basin Management Action Plan, June 2016, page 25

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 percent

29. What is the estimated planning completion date?

10/13/2016

30. What is the status of design?

- a. Ready
- b. Not Ready

31. What percentage of design has been completed?

100 percent

32. What is the estimated design completion date?

10/27/2016

33. List all required permits.

Environmental Resource Permit (Water Management) - received; Nationwide Permit (USACE) - submitted; Land Development Order (County) - submitted

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?

06/06/2018

HB 2377

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Lee County Lakes Park Littoral Zone Project; providing  
4           an appropriation; providing an effective date.

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

7  
8           Section 1. Lee County Lakes Park Littoral Zone Project is  
9 an Appropriations Project as defined in The Rules of The Florida  
10 House of Representatives and is described in Appropriations  
11 Project Request 250, herein incorporated by reference.

12           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
13 of \$400,000 from the General Revenue Fund is appropriated to the  
14 Department of Environmental Protection to fund the Lee County  
15 Lakes Park Littoral Zone Project as described in Appropriations  
16 Project Request 250.

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: Medley 96th Street Drainage Improvements (NW 87th Avenue to NW South River Drive)
2. Date of Submission: 11/06/2017
3. House Member Sponsor: Manny Diaz  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <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.

Penalty administered by the department of funds

6. Requester:

- a. Name: Roberto Martell, Mayor
- b. Organization: Town of Medley
- c. Email: rmartell@townofmedley.com
- d. Phone #: (305)887-9541

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

- a. Name: Jorge E. Corzo, P.E.
- b. Organization: Town of Medley
- c. Email: jcorzo@townofmedley.com
- d. Phone #: (305)887-9541

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

- a. Name: Nelson Diaz
- b. Firm: Southern Strategy Group
- c. Email: diaz@sostrategy.com
- d. Phone #: (305)421-6304

9. Organization or Name of entity receiving funds:

- a. Name: Town of Medley
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, Miami-Dade, Monroe

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 specific purpose of the 96th Street Drainage Improvements will be to implement construction activities to improve roadway and drainage. The goal is to address outdated and substandard infrastructure (drainage, roadway resurfacing, landscape, lighting, etc.).

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 checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Construction Engineering & Inspection	50,000
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Construction	450,000
<b>TOTAL</b>		<b>500,000</b>

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:

Town of Medley's Legislative Priorities' Resolution, Town of Medley's Stormwater Ordinance, Town of Medley's Capital Improvements Plan, etc.

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:

Town of Medley's Capital Improvements Plan 2017-2021

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	More residents and transients participating in walk-ability and bicycling activities.	This project will improve physical health by encouraging mobility for pedestrians to walk and bicyclists to

		ride as a form of transportation.
<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.)	Increase viability through better lighting and reduced flooding that threatens property.	This project will reduce flooding and create opportunities for lighting enhancements, which will deter crime through and loss of property.
<input checked="" type="checkbox"/> Improve transportation conditions	This project will create better traffic connectivity for all methods of transportation including freight.	There will be an increase in economic benefits through improved transportation conditions that link multi-modal mobility and complete streets.
<input checked="" type="checkbox"/> Increase or improve economic activity	This project will benefit businesses along the corridor by improving conditions for patrons to commute and patronize.	Increased access to businesses that will in turn increase of viability
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	This project will create immediate job opportunities within the construction industry	Reports for Career Sources and the Department of Labor and Statistics
<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	This project will produce better flow of wastewater	Drainage Testing
<input checked="" type="checkbox"/> Improve stormwater management	NW South River Drive Improvements Phase II will implement more National Pollutant Discharge Elimination System standards to control pollution and illicit discharge	Best Management Practices for storm water run-off
<input checked="" type="checkbox"/> Improve groundwater quality	Foster landscape irrigation	Improved water flow
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	This project will mitigate flooding	Reduction in flooding and property loss. Best Management Practices for run-off
<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	47.6%	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:	550,000	52.4%	Yes

5. Other:	0	0.0%	No
TOTAL	1,050,000	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?

Town of Medley

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.

Town of Medley's Capital Improvement 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?

- 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?

02/23/2018

30. What is the status of design?

- a. Ready
- b. Not Ready

31. What percentage of design has been completed?

10

32. What is the estimated design completion date?

06/01/2018

33. List all required permits.

South Florida Water Management District, Miami-Dade County Division of Environmental Resource Management

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?

08/30/2019

HB 2413

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Medley 96th Street Drainage Improvements (NW 87th  
4           Avenue to NW South River Drive); providing an  
5           appropriation; providing an effective date.

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

8  
9           Section 1. Medley 96th Street Drainage Improvements (NW  
10 87th Avenue to NW South River Drive) is an Appropriations  
11 Project as defined in The Rules of The Florida House of  
12 Representatives and is described in Appropriations Project  
13 Request 241, herein incorporated by reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$500,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Medley 96th  
17 Street Drainage Improvements (NW 87th Avenue to NW South River  
18 Drive) as described in Appropriations Project Request 241.

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: Medley NW South River Drive Phase II (NW 122nd Street to NW 116th Way)

2. Date of Submission: 11/06/2017

3. House Member Sponsor: Manny Diaz

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 <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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
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? 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.



Penalty administered by the Department of Funds

6. Requester:

- a. Name: Roberto Martell, Mayor
- b. Organization: Town of Medley
- c. Email: rmartell@townofmedley.com
- d. Phone #: (305)887-9541

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

- a. Name: Jorge E. Corzo, P.E.
- b. Organization: Town of Medley
- c. Email: jcorzo@townofmedley.com
- d. Phone #: (305)887-9541

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

- a. Name: Nelson Diaz
- b. Firm: Southern Strategy Group
- c. Email: diaz@sostrategy.com
- d. Phone #: (305)421-6304

9. Organization or Name of entity receiving funds:

- a. Name: Town of Medley
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, Miami-Dade, Monroe

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 specific purpose of the NW South River Drive Phase III Improvements will be to implement much needed drainage and roadway resurfacing. The goal is to mitigate hazards by providing upgrading substandard (drainage, roadway resurfacing, landscape, lighting, etc.). The project will provide safe streets with Complete Streets design concepts by providing area wide benefits.

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	1,000,000
<b>TOTAL</b>		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)

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:

Town of Medley's Legislative Priorities' Resolution, Town of Medley's Stormwater Ordinance, Town of Medley's Capital Improvements Plan, etc.

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:

Town of Medley's Capital Improvements Plan 2017-2021

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	More residents and transients participating in walk-ability and bicycling activities.	This project will improve physical health by encouraging mobility for pedestrians to walk and bicyclists to

		ride as a form of transportation.
<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.)	Increase viability through better lighting and reduced flooding that threatens property.	This project will reduce flooding and create opportunities for lighting enhancements, which will deter crime through and loss of property.
<input checked="" type="checkbox"/> Improve transportation conditions	This project will create better traffic connectivity for all methods of transportation including freight.	There will be an increase in economic benefits through improved transportation conditions that link multi-modal mobility and complete streets.
<input checked="" type="checkbox"/> Increase or improve economic activity	This project will benefit businesses along the corridor by improving conditions for patron to commute and patronize.	Increased access to businesses that will in turn increase of viability
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	This project will create immediate job opportunities within the construction industry.	Reports for Career Sources and the Department of Labor and Statistics
<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	This project will produce better flow of wastewater	Drainage Testing
<input checked="" type="checkbox"/> Improve stormwater management	NW South River Drive Improvements Phase II will implement more National Pollutant Discharge Elimination System standards to control pollution and illicit discharge	Best Management Practices for storm water run-off
<input checked="" type="checkbox"/> Improve groundwater quality	Foster landscape irrigation	Improved water flow
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	This project will mitigate flooding	Reduction in flooding and property loss. Best Management Practices for run-off
<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	62.5%	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:	600,000	37.5%	Yes

5. Other:	0	0.0%	No
TOTAL	1,600,000	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?

Town of Medley

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.

Town of Medley's Capital Improvement 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?

- 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?

02/23/2018

30. What is the status of design?

- a. Ready
- b. Not Ready

31. What percentage of design has been completed?

10

32. What is the estimated design completion date?

06/01/2018

33. List all required permits.

South Florida Water Management District, Miami-Dade County of Division of Environmental Resource Management

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?

05/31/2019

HB 2415

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Medley NW South River Drive Phase II (NW 122nd Street  
4           to NW 116th Way); 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. Medley NW South River Drive Phase II (NW 122nd  
10 Street to NW 116th Way) is an Appropriations Project as defined  
11 in The Rules of The Florida House of Representatives and is  
12 described in Appropriations Project Request 240, herein  
13 incorporated by 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 Medley NW  
17 South River Drive Phase II (NW 122nd Street to NW 116th Way) as  
18 described in Appropriations Project Request 240.

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: South Daytona-Windle Stormwater Pond Project
2. Date of Submission: 11/08/2017
3. House Member Sponsor: Patrick Henry  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					50,000	50,000

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: Joseph Yarbrough
- b. Organization: City of South Daytona
- c. Email: jyarbrough@southdaytona.org
- d. Phone #: (386)322-3004

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

- a. Name: John Dillard
- b. Organization: City of South Daytona
- c. Email: jdillard@southdaytona.org
- d. Phone #: (386)322-3022

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

- a. Name: Doug Bell
- b. Firm: Metz, Husband & Daughton, PA
- c. Email: doug.bell@mhdfirm.com
- d. Phone #: (850)205-9000

9. Organization or Name of entity receiving funds:

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

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 City of South Daytona purchased 2.26 acres of vacant land adjacent to two existing storm water ponds on 1.37 acres of land. The acquired lot and existing ponds will be excavated to make one large wet detention system. The project will provide water quality treatment of storm water runoff prior to it entering the Halifax River, an impaired water body, and Intracoastal Waterway. It will also provide greater storage capacity to improve local drainage/reduce flooding.

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	N/A	50,000
<b>TOTAL</b>		<b>50,000</b>

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:

project approved by the East Volusia Regional Water Authority

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:

It has been documented in the East Volusia Regional Water Authority Masterplan

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 contaminants that are contained in storm water runoff that enters the Halifax River.	water sampling
<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	Reduce flooding in the area by 85%	Compare to historical flooding
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Reduce contaminants that are contained in storm water runoff that	water sampling

	enters the Halfix 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:	50,000	12.5%	N/A
2. Federal:	262,500	65.6%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	87,500	21.9%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>400,000</b>	<b>100%</b>	

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 fee and general 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)

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.

South Daytona Comprehensive Plan, Infrastructure Element, p. 26, Objective 1, Policy 1-3, 1-4 & Stormwater Master 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?

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?

70%

29. What is the estimated planning completion date?

06/30/2018

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?

06/30/2018



33. List all required permits.

SJRWMD permits

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?

1/4/2019

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           South Daytona-Windle Stormwater Pond Project;  
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. South Daytona-Windle Stormwater Pond Project is  
10 an Appropriations Project as defined in The Rules of The Florida  
11 House of Representatives and is described in Appropriations  
12 Project Request 365, herein incorporated by reference.

13           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
14 of \$50,000 from the General Revenue Fund is appropriated to the  
15 Department of Environmental Protection to fund the South  
16 Daytona-Windle Stormwater Pond Project as described in  
17 Appropriations Project Request 365.

18           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: Ocala Silver Springs Stormwater and Nutrient Reduction Project
2. Date of Submission: 11/07/2017
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? 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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <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? 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.

## Denial of future funding

### 6. Requester:

- a. Name: Sean Lanier
- b. Organization: City of Ocala
- c. Email: slanier@ocalafl.org
- d. Phone #: (352)351-6772

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

- a. Name: Sean Lanier
- b. Organization: City of Ocala
- c. Email: slanier@ocalafl.org
- d. Phone #: (352)351-6772

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

- a. Name: Stephen Shiver
- b. Firm: The Advocacy Group at Cardenas Partners
- c. Email: ss@cardenaspartners.com; sjb@cardenaspartners.com
- d. Phone #: (850)222-8900

### 9. Organization or Name of entity receiving funds:

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

### 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?

Ocala Silver Springs Stormwater Nutrient Reduction Project will use Bold & Gold Media developed by the University of Central Florida. This project will reduce nutrient pollutant load flowing into the Silver River Springshed during heavy rain, tropical storm and hurricane conditions. This reduction will be realized by the installation of SkimBoss Filtration System at all wet retention outfalls into drainage wells and will remove pollutants before intake to the aquifer.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<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/Installation of Skimboss Filtration Media with Bold & Gold Media	300,000
<b>TOTAL</b>		<b>300,000</b>

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:

Silver Springs, Silver Springs Group and Upper River Basin Management Action Plan ("BMAP)

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	Improve water quality and wildlife habitat by reduction of Nutrient Pollutant Load	Monitoring activity to evaluate BMP effectiveness
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Protect the public from harmful pollutants in the Silver Springs Springshed	Monitoring activity to evaluate BMP effectiveness
<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	Reduction of Nutrient Pollutant Load deposited through stormwater system	Monitoring activity to evaluate BMP effectiveness
<input checked="" type="checkbox"/> Improve groundwater quality	Reduction of Nutrient Pollutant Load in the Floridian Aquifer	Monitoring activity to evaluate BMP effectiveness
<input type="checkbox"/> Improve drinking water quality		



<input checked="" type="checkbox"/> Improve surface water quality	Reduction of Nutrient Pollutant Load in the Silver Springshed surface water	Monitoring activity to evaluate BMP effectiveness
<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	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:	300,000	50.0%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>600,000</b>	<b>100%</b>	

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?  
Stormwater utility fee \$5 per ERU (Equivalent Residential Unit)

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?  
02/01/2017
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?  
02/01/2017
33. List all required permits.  
FDEP
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?  
10/30/2019

HB 2475

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Ocala Silver Springs Stormwater and Nutrient Reduction  
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. Ocala Silver Springs Stormwater and Nutrient  
10 Reduction Project is an Appropriations Project as defined in The  
11 Rules of The Florida House of Representatives and is described  
12 in Appropriations Project Request 264, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$300,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Ocala Silver  
17 Springs Stormwater and Nutrient Reduction Project as described  
18 in Appropriations Project Request 264.

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: Delray Beach Reclaimed Water System Expansion Area 9

2. Date of Submission: 11/09/2017

3. House Member Sponsor: Bill Hager

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 <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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
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? 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 will refund the allocation if the terms of the agreement are not met.

6. Requester:

- a. Name: Marjorie G. Craig
- b. Organization: City of Delray Beach, Florida
- c. Email: craigm@mydelraybeach.com
- d. Phone #: (561)243-7303

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

- a. Name: Marjorie G. Craig
- b. Organization: City of Delray Beach, Florida
- c. Email: craigm@mydelraybeach.com
- d. Phone #: (561)243-7303

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

- a. Name: Mat Forrest
- b. Firm: Ballard Partners
- c. Email: mat@ballardfl.com
- d. Phone #: (561)779-7033

9. Organization or Name of entity receiving funds:

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

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?

When completed, the City will be able to connect existing high irrigation use customers/ public facilities to the reclaimed water system for irrigation purposes. This alternative water supply reduces the demand on the potable water system, which reduces the demand from the regulated surficial aquifer wells. Part of our water resource strategy is to reduce dependence on the surficial aquifer over time through developing alternative water supplies like reclaimed water.

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	Area 9 reclaimed water project will tie new 4-inch and 6-inch reclaimed water transmission lines into existing reclaimed water infrastructure. New transmission lines and mains will connect to the existing 10-inch	1,000,000

	reclaimed water main along NW 2nd Street to serve Fire Station #1, S.D. Spady Elementary School, and the I-95 & Atlantic Interchange feature irrigation systems.	
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)

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 City of Delray Beach's (City) Reclaimed Water Master Plan (dated 2003) and the City's Comprehensive Plan; ordinance requiring use of reclaimed water water if passes by property; City's water use encourages alternative water supplies and supports use of reclaimed water; City's joint wastewater plant with Boynton Beach has an ocean outfall, which are to be eliminated by 2025 so this supports that effort

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 City Reclaimed Water Master Plan (updated 2016).

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	Ocean outfall legislation requires elimination by 2025 (fish/water quality) - this project is part of our effort to eliminate use of ocean outfall; SFWMD limits use of the surficial aquifer (City's primary source) to protect environment so using reclaimed water will reduce future demand from surficial aquifer	Direct measure of how much treated wastewater effluent is not discharged through the ocean outfall
<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	Ocean outfall legislation - requires elimination of ocean outfalls by 2025 - this project helps reduce use of ocean outfall for treated wastewater disposal	Direct measure of how much less treated effluent is not discharged from ocean oufall.
<input type="checkbox"/> Improve stormwater management		
<input checked="" type="checkbox"/> Improve groundwater quality	Expanding the reclaimed water as an alternative source for irrigation, reduces the demand on the groundwater system which is the primary source for treatment to potable water. This source is limited by SFWMD because of potential saltwater intrusion	Comparison of the comprehensive consumption and use of each, reclaimed water and potable water.
<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:	1,000,000	25.3%	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:	2,950,700	74.7%	No
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>3,950,700</b>	<b>100%</b>	

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?

Reclaimed water fee

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 Delray Beach Reclaimed Water Master Plan and the City's current Capital Improvement 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?
- 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?
- 10
32. What is the estimated design completion date?
- 10/01/2018
33. List all required permits.
- SFWMD Dewatering 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?

9/30/2019

HB 2481

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Delray Beach Reclaimed Water System Expansion Area 9;  
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. Delray Beach Reclaimed Water System Expansion  
10 Area 9 is an Appropriations Project as defined in The Rules of  
11 The Florida House of Representatives and is described in  
12 Appropriations Project Request 424, 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 Delray  
17 Beach Reclaimed Water System Expansion Area 9 as described in  
18 Appropriations Project Request 424.

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: Citrus County Kings Bay Restoration
2. Date of Submission: 11/08/2017
3. House Member Sponsor: Ralph Massullo  
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	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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		2,000,000	2,000,000		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.

N/A

6. Requester:

- a. Name: Lisa Moore
- b. Organization: Save Crystal River, INC
- c. Email: Lisa@GulfAtlanticEquipment.com
- d. Phone #: (352)302-1004

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

- a. Name: Lisa Moore
- b. Organization: Save Crystal River, INC
- c. Email: Lisa@GulfAtlanticEquipment.com
- d. Phone #: (352)302-1004

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: Save Crystal River, INC
- b. County (County where funds are to be expended): Citrus
- c. Service Area (Counties being served by the service(s) provided with funding): Citrus

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?

Kings Bay is an OFW, and SWIM Priority Waterbody that has been listed as Impaired for nutrients and filamentous algae by FDEP and USEPA. It also supports the largest population of the West Indian Manatee and contains one of the highest density of coastal first order magnitude fresh water springs in the world. Goal is to restore water quality and manatee habitat by vacuum removal of filamentous algae (Lyngbya) and benthic detrital matter and planting of desirable submerged aquatic vegetation.

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	Project Administration / accounting and Public Information to be administered by SCR. Project administration includes oversight of the project as it relates to the DEP contract requirements. Public Information includes, but is not limited, to supplying and directing information about the project to the media, local government officials, other state agencies, citizens, stakeholders and schools.	200,000
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		

<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Contractor providing vacuum removal services, planting SAV, cages, monitoring & maintenance such as performed for the Pilot Project (2015-16), Phase 1A (2016-17), and Phase 1B. This also includes the land lease, mobilization and demobilization performed by same contractor. Additionally, an independent biological survey will be performed	2,800,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>3,000,000</b>

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:

Numerous community support including letters from: US Fish and Wildlife Service, SWFWMD, WEDU-TV: Featured Kings Bay Restoration Project on their Science Series, Quest, Citrus County Chamber of Commerce, Citrus County BOCC Commissioners, Citrus County

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:

2015-2019 Springs Management Plan, January 26 2016 (35 pgs) SWFWMD Lists Quantifiable Objectives for Restoration: Water Quality reduce nitrogen / nutrients; Natural Systems: minimize benthic algal coverage and maximize cover of beneficial SAV (pg 19). Kings Bay Sediment Removal is one of the priority projects. Crystal River / Kings Bay SWIM Plan, December 2015 SWFWMD (132 pgs). This document provides an in-depth analysis and identification of the issues and drivers and quantifiable objectives

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	Quantitative measures of improvements in water quality and natural systems that will be realized by this project are identified in SWIM Plan pg 2. Habitat restoration and water quality improvements will improve fish & Wildlife habitat including the habitat of listed species	Water Clarity > 20 feet bay wide and > 60 ft at springs Coverage of Desirable SAV (75%-90%) Coverage of Invasive aq veg including filamentous algae <10%

	including the manatee.	
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Environmental harm is currently represented in the form of overabundant filamentous algae and their blooms, decaying benthic detrital matter and high nitrogen / nutrients in bay which can lead to health concerns such as skin rashes and respiratory problems	Removal of filamentous algae and (toxic) benthic algal mats is a nutrient (nitrogen source or sink) that will be removed from bay (measured in Tons of N)
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Kings Bay and Crystal River manatee and springs tourism industry is one of the largest economic drivers in the region. Loss of Water Quality (clarity) associated with the current conditions and degrading habitat conditions could potentially cause a collapse of this economy. Improvements proposed by this project will help to maintain or improve the conditions for which residents, local, regional, national and international tourists come to expect.	Water Clarity > 20 feet bay wide and > 60 ft at springs Coverage of Desirable SAV (75%-90%) Coverage of Invasive aquatic vegetation including filamentous algae <10%
<input checked="" type="checkbox"/> Increase tourism	Kings Bay and Crystal River manatee and springs tourism industry is one of the largest economic drivers in the region. Loss of Water Quality (clarity) associated with the current conditions and degrading habitat conditions could potentially cause a collapse of this economy. Improvements proposed by this project will help to	Water Clarity > 20 feet bay wide and > 60 ft at springs Coverage of Desirable SAV (75%-90%) Coverage of Invasive aquatic vegetation including filamentous algae <10%

	maintain or improve the conditions for which residents, local, regional, national and international tourists come to expect.	
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Project is expected to create some local short term jobs and advantages for the local economy as workers will require work supplies, lodging, food, entertainment etc.	Results are estimated by number of laborers X \$per diem X estimated number of work days. Any construction project will require material supplies and fuel throughout the project period which will directly effect the local economy.
<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 checked="" type="checkbox"/> Improve surface water quality	Project is expected to improve the surface water quality within the project area and contribute to overall improvements bay wide.	Water Clarity > 20 feet bay wide and > 60 ft at springs Coverage of Desirable SAV (75%-90%) Coverage of Invasive aquatic vegetation including filamentous algae <10%
<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 F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>3,000,000</b>	<b>100%</b>	

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?

CR has secured the support from the City of Crystal River and Citrus County BOCC to establish funding through storm water management fees to fund the ongoing maintenance for the project in coming years.

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.

2015-2019 Springs Management Plan, January 26 2016 (35 pgs) SWFWMD;Crystal River / Kings Bay SWIM Plan, December 2015 SWFWMD (132 pgs).

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?

2015

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?

2015

33. List all required permits.

FDEP Exemption (09-0322556-007-EI) and an USACOE permit (SAJ-2016-00169)

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?

37. What is the estimated completion date of construction?  
12/31/2023

HB 2487

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Citrus County Kings Bay 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. Citrus County Kings Bay 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 299, herein incorporated by reference.

12           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
13 of \$3,000,000 from the General Revenue Fund is appropriated to  
14 the Department of Environmental Protection to fund the Citrus  
15 County Kings Bay Restoration as described in Appropriations  
16 Project Request 299.

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: Doral Canal Bank Stabilization Year 7
2. Date of Submission: 11/10/2017
3. House Member Sponsor: Manny Diaz  
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? 2013-14
- 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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					950,000	950,000

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.

Liquidated damages will be included in the contract documents. Liquidated damages will be based on construction cost.

6. Requester:

- a. Name: Edward Rojas
- b. Organization: City of Doral
- c. Email: Edward.Rojas@cityofdoral.com
- d. Phone #: (305)593-6725

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

- a. Name: Carlos Arroyo
- b. Organization: City of Doral
- c. Email: Carlos.Arroyo@cityofdoral.com
- d. Phone #: (305)593-6740

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

- a. Name: Rana Brown
- b. Firm: Ronald L Book PA
- c. Email: rana@rlbookpa.com
- d. Phone #: (305)933-1866

9. Organization or Name of entity receiving funds:

- a. Name: City of Doral
- 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?

Project will stop and prevent ongoing erosion, and will protect private and public property, thus preventing potential future losses and claims.

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	Canal Bank Stabilization of approximately 1.3 miles of canal bank along the Northline Canal and Dressels Canal via geo-web techniques. The project will safeguard City?s private and public property along NW 25 St., between NW 97 Ave. and NW 87 Ave., and adjacent to NW 52 St., between NW	950,000

	102 Ave. and NW 97 Ave. The stabilization will stop and prevent the ongoing erosion behind a residential area located parallel to NW 52 St., between NW 102 Ave. and NW 97 Ave., where erosion has been severe.	
TOTAL		950,000

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:  
Residents emails

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:

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.)	Prevent Erosion	Erosion is stopped and not visible, noted through inspections.
<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	Prevent erosion along banks	inspections to ensure that no erosion is visible, and that canal flow is not impeded.
<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:	950,000	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:	950,000	50.0%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>1,900,000</b>	<b>100%</b>	

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 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)
- 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 Doral Canal Feasibility Report.

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?  
Completed
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?  
12/31/2017
33. List all required permits.  
Miami-Dade County DRER Class III 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?  
06/30/2019

HB 2489

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Doral Canal Bank Stabilization Year 7; 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. Doral Canal Bank Stabilization Year 7 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 497, herein incorporated by reference.

12           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
13 of \$950,000 from the General Revenue Fund is appropriated to the  
14 Department of Environmental Protection to fund the Doral Canal  
15 Bank Stabilization Year 7 as described in Appropriations Project  
16 Request 497.

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: Doral Stormwater Improvements at Sub Basin A-4

2. Date of Submission: 11/10/2017

3. House Member Sponsor: Manny Diaz

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 <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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					699,268	699,268

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.

Liquidated damages will be included in the contract documents. Liquidated damages will be based on construction cost.

6. Requester:

- a. Name: Edward Rojas
- b. Organization: City of Doral
- c. Email: Edward.Rojas@cityofdoral.com
- d. Phone #: (305)593-6725

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

- a. Name: Carlos Arroyo
- b. Organization: City of Doral
- c. Email: Carlos.Arroyo@cityofdoral.com
- d. Phone #: (305)593-6740

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

- a. Name: Rana Brown
- b. Firm: Ronald L Book PA
- c. Email: rana@rlbookpa.com
- d. Phone #: (305)935-1866

9. Organization or Name of entity receiving funds:

- a. Name: City of Doral
- 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?

Installation of new drainage system will prevent ponding and flooding. Project will also allow for proper operation of businesses in the vicinity during heavy rain events. Project will also serve as a mitigation initiative to help prevent losses.

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	Stormwater Improvements at Sub Basin A-4. Stormwater improvements along Sub Basin A-4 as identified in the City's Stormwater Master Plan. Project consists of installation of new inlets, manholes, exfiltration trench, and pavement restoration along NW 84 Ave.	699,268

	between NW 25 St. and NW 12 St. The Project will serve as a mitigation initiative to help prevent repetitive losses	
TOTAL		699,268

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:

Stormwater Master Plan approved by City Council.

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:

Stormwater Master Plan prepared by a consulting engineering firm.

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.)	Prevent flooding and ponding	Flooding / ponding prevented during major storms.
<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	Flooding / ponding prevented during major storms.	Flooding / ponding prevented during major storms.
<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:	699,268	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:	699,268	50.0%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>1,398,536</b>	<b>100%</b>	

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?

Stormwater 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)
- 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 Doral 2013 Stormwater Master Plan. Page 15-3

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?

Completed

30. What is the status of design?

- a. Ready
- b. Not Ready

31. What percentage of design has been completed?

45%

32. What is the estimated design completion date?

1/31/2018

33. List all required permits.

Miami-Dade County DRER 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?

12/31/2018

HB 2491

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Doral Stormwater Improvements at Sub Basin A-4;  
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. Doral Stormwater Improvements at Sub Basin A-4  
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 496, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$699,268 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Doral  
17 Stormwater Improvements at Sub Basin A-4 as described in  
18 Appropriations Project Request 496.

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: Martin County East Fork Creek Stormwater Quality Retrofit
2. Date of Submission: 11/07/2017
3. House Member Sponsor: MaryLynn Magar  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					1,200,000	1,200,000

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.

if project not constructed, funds to be reverted back to FDEP

6. Requester:

- a. Name: Deborah Drum
- b. Organization: Martin County Engineering Dept. Ecosystems Restoration and Mgmt Div.
- c. Email: ddrum@martin.fl.us
- d. Phone #: (772)463-3263

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

- a. Name: Greg Nolte
- b. Organization: Martin County
- c. Email: gnolta@martin.fl.us
- d. Phone #: (772)221-2380

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)210-6498

9. Organization or Name of entity receiving funds:

- a. Name: Martin County
- 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?

Engineering, survey, environmental and geotechnical work to design, permit and construct a water quality retrofit project consisting of a Stormwater Treatment Area (STA) and control structure to reduce nutrient loads to the St Lucie River and estuary.

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	Engineering, design and construction of a water quality retrofit project consisting of a stormwater treatment area (STA), and control structure.	1,200,000
<b>TOTAL</b>		1,200,000

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:

Project is identified in the Martin County Stormwater Needs Assessment Report, that has been reviewed and accepted by the Martin County BOCC. Additionally, numerous entities support water quality improvement in Martin County.

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 Basin Management Action Plan (BMAP) in the St. Lucie River and Estuary. St. Lucie River Watershed Protection 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	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 checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Reduce nutrients and total suspended solids for water flowing in the Loxahatchee River	Water quality monitoring at the inflows and outflows of the project
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Total Phosphorus and Total Nitrogen reductions	Water quality monitoring at the inflows and outflows of the project
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Construction activities will utilize contractors, supporting economic activity for building the project.. The completed project resulting in cleaner water will support local water-dependent businesses (bait shops, paddle sport businesses, marinas, etc.)	Consult with the local chamber of commerce and/or Economic Council of Martin County regarding water dependent businesses success/failure
<input checked="" type="checkbox"/> Increase tourism	Cleaner water will result from the project, creating better conditions for a tourism based economy.	Measure the collection of bed tax from increased tourism
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Construction activities will utilize contractors, supporting economic activity for building the project.	No planned measurements for this benefit



<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	No planned measurements for this benefit	Consult with the local chamber of commerce and/or Economic Council of Martin County regarding water dependent businesses success/failure
<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	Reduce nutrients and total suspended solids for water flowing in the Loxahatchee River	Water quality monitoring at the inflows and outflows of the project
<input checked="" type="checkbox"/> Improve groundwater quality	Improved groundwater quality is implied by this project, but there are no funds to specifically measure the improvement.	No planned measurements for this benefit
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Reduce nutrients and total suspended solids for water flowing in the Loxahatchee River	Reduce nutrients and total suspended solids for water flowing in the Loxahatchee 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	1,200,000	50.0%	N/A

Project Request:			
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	1,200,000	50.0%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>2,400,000</b>	<b>100%</b>	

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?

local ad valorem funds

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.

Martin County Water Quality / Stormwater Needs Assessment; Florida Department of Environmental Protection's Basin Management Action Plan (BMAP) in the St. Lucie River and Estuary. St. Lucie River Watershed Protection 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?
- 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?
- 12/31/2019
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?
- 9/30/2020
33. List all required permits.
- SFWMD Environmental Resource Permit (ERP); 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?

9/30/21

HB 2507

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Martin County East Fork Creek Stormwater Quality  
4           Retrofit; 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. Martin County East Fork Creek Stormwater  
10 Quality Retrofit is an Appropriations Project as defined in The  
11 Rules of The Florida House of Representatives and is described  
12 in Appropriations Project Request 272, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$1,200,000 from the General Revenue Fund is appropriated to  
16 the Department of Environmental Protection to fund the Martin  
17 County East Fork Creek Stormwater Quality Retrofit as described  
18 in Appropriations Project Request 272.

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: Palm Beach Gardens Stormwater Maintenance, Repairs and Operation Program

2. Date of Submission: 11/09/2017

3. House Member Sponsor: Rick Roth

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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					250,000	250,000

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.

City will refund the appropriated funds if they do not meet the terms of the agreement.

6. Requester:

- a. Name: Ronald Ferris
- b. Organization: City of Palm Beach Gardens
- c. Email: rferris@pbgfl.com
- d. Phone #: (561)799-4110

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

- a. Name: David Reyes
- b. Organization: City of Palm Beach Gardens
- c. Email: dreyes@pbgfl.com
- d. Phone #: (561)804-7015

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

- a. Name: Mat Forrest
- b. Firm: Ballard Partners
- c. Email: mat@ballardfl.com
- d. Phone #: (561)779-7003

9. Organization or Name of entity receiving funds:

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

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 prevent sedimentation in the canal systems which ultimately drain into the intracoastal state waters, and to prevent future environmental hazards, such as possible sinkhole and localized flooding over fifty-six (56) square miles of commercial and residential properties citywide.

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 checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Cleaning and televising of stormwater pipes and structures.	250,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		250,000

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:

The Stormwater Infrastructure Mapping an Inspection Services Assessment and Ranking Report written by Keshavarz & Associates, Inc. and Erdman Anthony in 2015, City of Palm Beach Gardens' Budget Oversight Committee, and the City of Palm Beach Gardens.

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 Stormwater Infrastructure Mapping an Inspection Services Assessment and Ranking Report written by Keshavarz & Associates, Inc. and Erdman Anthony in 2015

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	Reduction of polluted storm water runoff and protect the waters of the state.	Cubic yards of sedimentation removed from the stormwater system.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Possible prevention of future environmental hazards, such as sinkholes and localized flooding, over fifty-six (56) square miles of commercial and residential properties citywide.	Linear feet of stormwater pipes replaced.
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Cleaning, televising and repairing of the stormwater system will require contractual services.	Number of employees hired to conduct the required services.
<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	Cleaning, televising and repair/replacement of stormwater system.	Cubic yards of sedimentation removed and linear feet of pipes repaired/replaced.
<input checked="" type="checkbox"/> Improve groundwater quality	Reduction of pollution into groundwater by improvements of	Number of repairs to swales,

	swales, retention and detention areas.	retention and detention areas.
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Reduction of pollutants leading to the C-17 and Intra-coastal Waterway	Linear feet of storm water pipes repaired/replaced.
<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:	250,000	33.3%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	500,000	66.7%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>750,000</b>	<b>100%</b>	

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 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.  
City of Palm Beach Gardens Stormwater Master Plan, all pages.

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?
- 06/30/2015
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?
- 06/30/2015
33. List all required permits.
- N/A
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?

09/30/2019

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Palm Beach Gardens Stormwater Maintenance, Repairs and  
4           Operation Program; 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. Palm Beach Gardens Stormwater Maintenance,  
10 Repairs and Operation Program is an Appropriations Project as  
11 defined in The Rules of The Florida House of Representatives and  
12 is described in Appropriations Project Request 459, herein  
13 incorporated by reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$250,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Palm Beach  
17 Gardens Stormwater Maintenance, Repairs and Operation Program as  
18 described in Appropriations Project Request 459.

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: Palm Beach Gardens Septic to Sewer and Water Infrastructure Improvements Project

2. Date of Submission: 11/09/2017

3. House Member Sponsor: Rick Roth

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	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					2,860,000	2,860,000

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.

City will refund the appropriated funds if they do not meet the terms of the agreement.

6. Requester:

- a. Name: Ronald Ferris
- b. Organization: City of Palm Beach Gardens
- c. Email: rferris@pbgfl.com
- d. Phone #: (561)799-4110

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

- a. Name: Todd Engle
- b. Organization: City of Palm Beach Gardens
- c. Email: tengle@pbgfl.com
- d. Phone #: (561)804-7012

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

- a. Name: Mat Forrest
- b. Firm: Ballard Partners
- c. Email: mat@ballardfl.com
- d. Phone #: (561)779-7003

9. Organization or Name of entity receiving funds:

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

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 revitalize three (3) neighborhoods that are in need of essential infrastructure, such as roadway improvements, drainage improvements, water and sewer systems, and fire suppression systems (fire hydrants).

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 and Inspections	210,000
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 water and sewer system, roadway, drainage, and fire suppression.	2,650,000
<b>TOTAL</b>		<b>2,860,000</b>

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?

No

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:

A feasibility study was conducted by the City's Engineering Department in 2011, which provides the estimated costs of construction.

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	Reduction of polluted storm water runoff and protect the waters of the state.	Linear feet of storm water pipe repaired/replaced.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Possible prevention of septic seepage into groundwater supplies.	Number of sewer services installed.
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Construction of the requested improvements will require contract services.	Number of employees hired to conduct the required services.
<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	Abandonment of existing septic services and replacing them with connections to a public sewer system.	Number of sewer services installed.
<input checked="" type="checkbox"/> Improve stormwater management	Repair/replacement of the storm water system.	Linear feet of pipes repaired/replaced.
<input checked="" type="checkbox"/> Improve groundwater quality	Reduction of pollution into groundwater by improvements to roadways and retention areas.	Linear feet of storm water pipes repaired/replaced.

<input checked="" type="checkbox"/> Improve drinking water quality	Homes would no longer need to meet the Florida Health Department's requirements of a minimum separation of 75-feet between potable water wells and septic systems as required by Florida Administrative Code (F.A.C.) 64E-6 to prevent pollutants from reaching potable water sources.	Improved ground and surface water quality with reduction of pollutants.
<input checked="" type="checkbox"/> Improve surface water quality	Reduction of pollutants leading to the C-17 and Intra-coastal Waterway.	Linear feet of storm water pipes repaired/replaced.
<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:	2,860,000	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
<b>TOTAL</b>	<b>2,860,000</b>	<b>100%</b>	

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?  
Ad valorem and gas taxes
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?  
50
29. What is the estimated planning completion date?  
12/4/18



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?

07/09/2018

33. List all required permits.

South Florida Water Management District, Seacoast Utility Authority, City of Palm Beach Gardens, Florida Health Department of Palm Beach County

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?

09/30/2019

HB 2549

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Palm Beach Gardens Septic to Sewer and Water  
4           Infrastructure Improvements Project; providing an  
5           appropriation; providing an effective date.

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

8  
9           Section 1. Palm Beach Gardens Septic to Sewer and Water  
10 Infrastructure Improvements Project is an Appropriations Project  
11 as defined in The Rules of The Florida House of Representatives  
12 and is described in Appropriations Project Request 458, herein  
13 incorporated by reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$2,860,000 from the General Revenue Fund is appropriated to  
16 the Department of Environmental Protection to fund the Palm  
17 Beach Gardens Septic to Sewer and Water Infrastructure  
18 Improvements Project as described in Appropriations Project  
19 Request 458.

20           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: Cooper City Natalie's Cove / Flamingo Gardens Drainage
2. Date of Submission: 11/07/2017
3. House Member Sponsor: Evan Jenne  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					943,746	943,746

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.

Construction contract specification includes liquidated damages of \$1,200/day beyond substantial completion date.

6. Requester:

- a. Name: Bruce D. Loucks
- b. Organization: City of Cooper City
- c. Email: bloucks@coopercityfl.org
- d. Phone #: (954)434-4300

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

- a. Name: Micharl F. Bailety, P.E.
- b. Organization: City of Cooper City
- c. Email: mbailey@coopercityfl.org
- d. Phone #: (954)434-5519

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

- a. Name: Ronald L.
- b. Firm: Ronald L. Book, P.A.
- c. Email: ron@rlbookpa.com; rana@rlbookpa.com
- d. Phone #: (850)224-3427

9. Organization or Name of entity receiving funds:

- a. Name: City of Cooper City
- 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?

Alleviate flooding in the Natalie's Cove and Flamingo Gardens neighborhoods of Cooper City.

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 would be used to pay to construct drainage improvements. in accordance with a competitively bid contract with Cooper City	943,746
<b>TOTAL</b>		<b>943,746</b>

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:

Cooper City Ordinance 16-9-2 and 17-9-4 appropriating a total of \$1,900,000 for construction of the subject drainage 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?

Yes

16a. Please Describe:

Flamingo Gardens Master Drainage Study, May 2014, prepared by Calvin, Giordano & Associates, Inc., for the City of Cooper City.

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 type="checkbox"/> Improve wastewater management		
<input checked="" type="checkbox"/> Improve stormwater management	Reduction in street flooding everts from once/year to once/25 years, and complete elimination of flooding of structures/homes.	Visual monitoring and recording of flooding during rain events.



<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:	943,746	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:	943,746	50.0%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>1,887,492</b>	<b>100%</b>	

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?

Cooper City storm water utility

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?

n/a

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?

n/a

33. List all required permits.

Army Corp of Engineers Permit (NO. SAJ-2016-01247) Broward County Environmental Resources License (No. DF16-1075) Broward County Traffic Engineering Division (PMS Approval) Central Broward Water Control District (Paving & Drainage Permit and Variance Approval) South Florida Water Management District Permit (NO. 06-00636-S-04) (all obtained/approved)

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?

11/30/2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Cooper City Natalie's Cove / Flamingo Gardens  
4           Drainage; 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. Cooper City Natalie's Cove / Flamingo Gardens  
10 Drainage is an Appropriations Project as defined in The Rules of  
11 The Florida House of Representatives and is described in  
12 Appropriations Project Request 260, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$943,746 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Cooper City  
17 Natalie's Cove / Flamingo Gardens Drainage as described in  
18 Appropriations Project Request 260.

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: Clewiston Storm Spill Prevention
2. Date of Submission: 11/08/2017
3. House Member Sponsor: Byron Donalds  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					381,032	381,032

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.

Unknown. Depending on contract conditions, possible reimbursement of project money to the department.

6. Requester:

- a. Name: Al Perry
- b. Organization: City of Clewiston
- c. Email: al.perry@clewiston-fl.gov
- d. Phone #: (863)983-1484

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

- a. Name: Danny Williams
- b. Organization: City of Clewiston
- c. Email: danny.williams@clewiston-fl.gov
- d. Phone #: (863)983-1454

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

- a. Name: Screven Watson
- b. Firm: Screven Watson
- c. Email: screven@screvenwatson.com
- d. Phone #: (850)566-3905

9. Organization or Name of entity receiving funds:

- a. Name: City of Clewiston
- b. County (County where funds are to be expended): Hendry
- c. Service Area (Counties being served by the service(s) provided with funding): Charlotte, Collier, Glades, Hendry, 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 city is required to report spills to SWP and FDEP pursuant to our operating permit and by state statute (public notice rule Section 403.077 and abnormal events section 62-604.550(20)(a). A comparison can be made to the number and quality of sewage spills reported during storm events both before and after the new generators are put in service.

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 checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	2 Stand by generators: Genset Inc. Skid Mount, Deere Interim Tier 4 Engine 56kW/62kW with tandem axel trailer (price includes shipping and commissioning)	231,032
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	1 Wastewater Treatment Plant back-up Generator; Genset 100kW 500 Gallon capacity diesel fuel tank per	150,000



	design specs replace transfer switch	
TOTAL		381,032

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?

No

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:

City f Clewiston Fiscal Sustainability Plan Analysis and Asset Management Plan, prepared by Bill Archebelle and Troy Cassidy FRWA, November 9, 2016. Study preformed in cooperation with FDEP CLean Water State Revolving Fund. The study, page 11 states that the emergency generator for the city's sewer treatmnt plant is inadequately sized and recommends that the generator be replaced with a genorator of sufficient size to operate the entire plant within three to six months.

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	Reduction in number of raw wastewater spills contaminating ground or surface water	The city is required to report spills to SWP and FDEP pursuant to our operating permit and by state statute (public notice rule Section 403.077 and abnormal events section 62-604.550(20(a)). A comparison can be made to the number and quality of sewage spills reported during storm events both before and after the new generators are put in service.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Reduction in number of spill incidents exposing general population to raw wastewater health hazards.	The city is required to report spills to SWP and FDEP pursuant to our operating permit and by state statute (public notice rule Section 403.077 and abnormal events section 62-604.550(20(a)). A comparison can be made to the number and quality of sewage spills reported during storm events both before and after the new generators are put in service.
<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:	381,032	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	381,032	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?

Sewer customer rate revenue

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?

100%

29. What is the estimated planning completion date?

complete

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?

complete

33. List all required permits.

none

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?

06/01/2019

HB 2589

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Clewiston Storm Spill Prevention; 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. Clewiston Storm Spill Prevention 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 371, herein incorporated by reference.

12           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
13 of \$381,032 from the General Revenue Fund is appropriated to the  
14 Department of Environmental Protection to fund the Clewiston  
15 Storm Spill Prevention as described in Appropriations Project  
16 Request 371.

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: Delray Beach Atlantic Dunes Park Coastal Dune Restoration and Water Quality Improvement Project

2. Date of Submission: 11/13/2017

3. House Member Sponsor: Bill Hager

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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <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.



Remediation of the failure. If remediation attempts fail, funding shall be returned.

6. Requester:

- a. Name: Missie Barletto
- b. Organization: City of Delray Beach
- c. Email: barlettom@mydelraybeach.com
- d. Phone #: (239)707-2371

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

- a. Name: Missie Barletto
- b. Organization: City of Delray Beach
- c. Email: barlettom@mydelraybeach.com
- d. Phone #: (239)707-2371

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

- a. Name: Mat Forrest
- b. Firm: Ballard Partners
- c. Email: Mat@ballardfl.com
- d. Phone #: (561)779-7003

9. Organization or Name of entity receiving funds:

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

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?

Atlantic Dunes Park is located on the Coastal Dune in Delray Beach. The park area suffers from water quality issues created by hurricane / King Tide induced flooding and a low seawall on the Intracoastal Waterway that allows contaminants from the parking area to flow into the waterway. This project will design and implement solutions to resolve these issues along with addressing invasive exotic plants on the dune.

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(s) to design replacement pavilion and boardwalk; removal of exotic vegetation and replacement with appropriate plantings for Coastal Dune Ecosystem; design of pervious parking surface and adapt adjacent seawall to changing water levels.	80,000
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	Exotic removal and native plant placement; construction of pavilion and boardwalk; construction of parking lot and adapt adjacent seawall to changing water levels.	720,000
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?

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:

This area is among the most popular of venues for visitors to the public beach in Delray Beach. The pavilion is utilized for weddings and family gatherings. Support for this project has been publicly endorsed during regular City Commission meetings since the pavilion was struck by arsonist in June 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?

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 checked="" type="checkbox"/> Enrich cultural experience	Construction of a nature trail through the improved Coastal Dune Ecosystem will include kiosks providing the history and natural history aspects of the area.	Visitor comments will be randomly captured and recorded.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Construction of a nature trail through the improved Coastal Dune Ecosystem will include kiosks providing the history and natural history aspects of the area.	Visitor comments will be randomly captured and recorded.
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	This project will replace exotic invasive plants with native plants in the Coastal Dune Ecosystem. Water quality will be improved by prevention of contaminants from entering Intracoastal Waterway.	The spacial extent of exotic invasive plants in the Coastal Dune Ecosystem will be reduced. The spacial extent of desirable native vegetation will be increased. Stormwater runoff from parking lot will be prevented.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Water quality will be improved. Potential impact of flooding to adjacent homes will be reduced.	Stormwater runoff from parking lot will be prevented. Seawall improvements will reduce number of overtopping events.
<input type="checkbox"/> Improve transportation conditions		

<input checked="" type="checkbox"/> Increase or improve economic activity	Improvements to park will attract more visitors to area.	Increases in parking tolls will be used to measure increased visitorship to park.
<input checked="" type="checkbox"/> Increase tourism	Improvements to park will attract more visitors to area.	Increases in parking tolls will be used to measure increased visitorship to park.
<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	Parking lot will be converted from impervious pavement to pervious surface, such as turf block. Stormwater drainage system will be improved in this area.	Parking lot will be converted from impervious pavement to pervious surface, such as turf block. Stormwater drainage system will be improved in this area.
<input checked="" type="checkbox"/> Improve groundwater quality	Parking lot will be converted from impervious pavement to pervious surface, such as turf block. Stormwater drainage system will be improved in this area.	Parking lot will be converted from impervious pavement to pervious surface, such as turf block. Stormwater drainage system will be improved in this area.
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Parking lot will be converted from impervious pavement to pervious surface, such as turf block. Stormwater drainage system will be	Reduced incidents of contaminant-laden stormwater entering Intracoastal Waterway.

	improved in this area. Seawall will be improved to prevent runoff from entering Intracoastal Waterway.	
<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	66.7%	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:	400,000	33.3%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>1,200,000</b>	<b>100%</b>	

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           Delray Beach Atlantic Dunes Park Coastal Dune  
 4           Restoration and Water Quality Improvement Project;  
 5           providing an appropriation; providing an effective  
 6           date.

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

9  
 10           Section 1. Delray Beach Atlantic Dunes Park Coastal Dune  
 11 Restoration and Water Quality Improvement Project is an  
 12 Appropriations Project as defined in The Rules of The Florida  
 13 House of Representatives and is described in Appropriations  
 14 Project Request 621, herein incorporated by reference.

15           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
 16 of \$800,000 from the General Revenue Fund is appropriated to the  
 17 Department of Environmental Protection to fund the Delray Beach  
 18 Atlantic Dunes Park Coastal Dune Restoration and Water Quality  
 19 Improvement Project as described in Appropriations Project  
 20 Request 621.

21           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: Duval County-Septic Tank Phase Out Program
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Tracie Davis  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					2,000,000	2,000,000

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? 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 has an obligation to fulfill the contract requirements, if the City breaches the terms of the contract it should be canceled.

6. Requester:

- a. Name: Ali Korman-Shelton
- b. Organization: City of Jacksonville
- c. Email: akshelton@coj.net
- d. Phone #: (904)718-4276

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

- a. Name: Ali Korman-Shelton
- b. Organization: City of Jacksonville
- c. Email: akshelton@coj.net
- d. Phone #: (904)718-4276

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

- a. Name: Mat Forrest
- b. Firm: Ballard Partners
- c. Email: mat@ballardfl.com
- d. Phone #: (561)779-7003

9. Organization or Name of entity receiving funds:

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

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?

Elimination of on-site treatment and disposal systems for the city's most at risk neighborhoods to promote the environment and the health, safety and general welfare of the city's residents and visitors alike.

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	Engineering and design	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:

Letters of support from: JEA, Jax Chamber, and the Environmental Protection Board

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 neighborhoods identified for this program have been classified as septic tank failure areas by the Duval County Health Department. Additionally, a water and wastewater review by the City and JEA produced a report on a comprehensive review of an approach and project ranking criteria for directing funding to neighborhoods based on environmental and community considerations.

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	Reduction/removal of fecal coliform and Total Nitrogen from tributaries and SJR	The city's tributaries and SJR main stem are sampled annually to gauge progress on nutrient reductions required in the LSJR BMAP; the performance of the improvements will be confirmed by the water quality improvements shown in the samples.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Removal of failing septic tanks	The Duval County Health Department tracks areas with repeated septic tank failures; installation of sanitary sewer would result in neighborhoods being removed from the septic tank failure list.
<input checked="" type="checkbox"/> Improve transportation conditions	Roads will be completely rebuilt.	Neighborhood roads within project boundaries will have to be rebuilt following the installation of potable water and sewer lines.
<input checked="" type="checkbox"/> Increase or improve economic activity	Creation of businesses	The lack of potable water and sanitary sewer is a deterrent to businesses; having these facilities will lead to increased commercial interest in the target areas
<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	Removal or proper abandonment of failing septic tanks	Number of septic tanks will be removed or properly abandoned and sewer connections made.
<input type="checkbox"/> Improve stormwater management		
<input checked="" type="checkbox"/> Improve groundwater quality	Removal or proper abandonment of failing septic tanks	Number of failing septic tanks removed or properly abandoned.
<input checked="" type="checkbox"/> Improve drinking water quality	Installation of new potable water lines	Number of potable water connections made.
<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:	2,000,000	6.3%	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:	30,000,000	93.8%	Yes
5. Other:	0	0.0%	No

TOTAL	32,000,000	100%	
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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?

JEA's Water and wastewater operations and maintenance annual 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.

? 2017-2021 City of Jacksonville Capital Improvement Plan, ? The LSJR Basin Management Action Plans for Main Stem and Tributaries

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?

12/01/2022

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?  
12/01/2022
33. List all required permits.  
? Local Utility Connection Permit (JEA)
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?  
12/01/2022

HB 2743

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Duval County-Septic Tank Phase Out Program; providing  
4           an appropriation; providing an effective date.

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

7  
8           Section 1. Duval County-Septic Tank Phase Out Program is  
9 an Appropriations Project as defined in The Rules of The Florida  
10 House of Representatives and is described in Appropriations  
11 Project Request 705, herein incorporated by reference.

12           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
13 of \$2,000,000 from the General Revenue Fund is appropriated to  
14 the Department of Environmental Protection to fund the Duval  
15 County-Septic Tank Phase Out Program as described in  
16 Appropriations Project Request 705.

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: Sunrise Emergency Lift Station Power & Pumping
2. Date of Submission: 11/09/2017
3. House Member Sponsor: Katie Edwards  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <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.

De-funding of the appropriation of the local agency fails to procure critical infrastructure.

6. Requester:

- a. Name: Isabel Garcia
- b. Organization: City of Sunrise
- c. Email: igarcia@sunrisefl.gov
- d. Phone #: (954)577-1138

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

- a. Name: Timothy Welch
- b. Organization: City of Sunrise
- c. Email: twelch@sunrisefl.gov
- d. Phone #: (954)888-6055

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

- a. Name: Ronald Book
- b. Firm: Ronald L. Book, PA
- c. Email: ron@rlbookpa.com, rana@rlbookpa.com
- d. Phone #: (850)224-3427

9. Organization or Name of entity receiving funds:

- a. Name: City of Sunrise
- 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 City's regional water & wastewater utility system serves more than 215,000 customers in Sunrise, Davie, Weston and Southwest Ranches. Due to Hurricane Irma, we lost FPL power to 130 out of 215 lift stations that move sewage from customers to our plants. Like other area utilities, we rotated portable generators between lift stations, but still had sewage overflows in some areas. This funding would enable Sunrise to purchase additional emergency power generation and pumping equipment.

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 checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Purchase Emergency power generators and portable lift stations (pumps) to enable continued movement of sewage during power outages.	500,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		

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)

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:

Entirely as a result of our experience with Hurricane Irma, funding was added to the City's FY 2017-2018 budget at the 2nd budget hearing on 9/27/17 to purchase an initial (partial) number of additional generators and portable lift stations for this purpose. The requested appropriation would enable the purchase of additional, absolutely necessary equipment for emergency operations.

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	Number of sewage overflows from lift stations that enter the storm water system. This number should ideally be zero, but certainly should decline due to fewer lift station overflows.	City staff is required to document and report every instance of a lift station overflow, and must include the impacts (such as entering the storm water system).
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Number of sewage overflows from lift stations. This number should ideally be zero, but certainly should decline due to increased power generation and pumping resources.	City staff is required to document and report every instance of a lift station overflow, and must include the impacts (such as entering the storm water system, streets, or private property).
<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	Number of sewage overflows from lift stations. This number should ideally be zero, but certainly should decline due to increased power generation and pumping resources.	City staff is required to document and report every instance of a lift station overflow, and must include the impacts (such as entering the storm water system, streets, or private

		property).
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Number of sewage overflows from lift stations that enter the storm water system. This number should ideally be zero, but certainly should decline due to fewer lift station overflows.	ity staff is required to document and report every instance of a lift station overflow, and must include the impacts (such as entering the storm water system).
<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	0.0%	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	100.0%	No
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>1,000,000</b>	<b>100%</b>	

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?

Wastewater Enterprise Fund charges

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?

Yes

24a. If Yes, insert plan name and cite page numbers.

City of Sunrise Budget for FY 2017-2018 includes an initial appropriation for this type of equipment, recognizing that additional funding will be required for future years. Once the Adopted Budget is published, this item will be included as Capital Outlay in the Water & Wastewater section.

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?

10/16/2017

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?

10/16/2017

33. List all required permits.

N/A

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?

6/30/2019

HB 2803

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Sunrise Emergency Lift Station Power & Pumping;  
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. Sunrise Emergency Lift Station Power & Pumping  
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 446, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$500,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Sunrise  
17 Emergency Lift Station Power & Pumping as described in  
18 Appropriations Project Request 446.

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: Port Orange Flooding Mitigation and Stormwater Quality Improvement Phase II Including Land Acquisition

2. Date of Submission: 11/10/2017

3. House Member Sponsor: Thomas Leek

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	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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		750,000	750,000		750,000	750,000

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.

If the project is successful, it should reduce maximum flood levels in some areas by almost a foot, minimize the recovery time of flood waters by about 9 hours, and reduce nitrogen and phosphorus loads into the Halifax River by 133 and 27 pounds respectively every year. There should be no penalties for not meeting goals as projects and outcomes can change during the course of construction.

6. Requester:

- a. Name: Michael Johansson
- b. Organization: City of Port Orange
- c. Email: mjohansson@port-orange.org
- d. Phone #: (386)506-5501

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

- a. Name: Michael Johansson
- b. Organization: City of Port Orange
- c. Email: mjohansson@port-orange.org
- d. Phone #: (386)506-5501

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

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

9. Organization or Name of entity receiving funds:

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

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?

Reduce maximum flood levels for a 25-year storm by almost 1 foot; Minimize recovery times by up to 9 hours; Reduce nitrogen and phosphorus pollution in the Halifax River by up to 133 and 27 pounds each annually; and provide increased prospects for development as flooding prospects decrease. These changes will help an area that includes 381 parcels, with a total current estimated market value of \$64 million. This community includes 1,395 persons, 81.4% of whom are low- to moderate-income.

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	Land Acquisition for stormwater ponds, site preparation, drainage structures and storm pipes, pump stations, pond modifications,	750,000

	backflow preventers, right-of-way restoration all to achieve the goals mentioned	
TOTAL		750,000

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 City has held public input sessions and Council meetings over the last two years, which have identified the proposed area for stormwater improvement and flooding mitigation due to repetitive losses and continued nuisance flooding and standing water. In addition, attached to this document is a picture and a request signed by citizens urging us to help them with the flooding in this area.

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 City requested it's engineer (Quentin L. Hampton Associates) complete a study in mitigating flooding in the study area. They completed an independent study and design for this project in March 2016. The study indicated the possible results, the construction

needs and the potential costs of each portion of the project. The completed project should reduce maximum flood stage of a 25 year flood by almost 1 foot and reduce the recovery time to pre-flood stages by 9 hours

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 Nitrogen and Phosphorus into Halifax River by 133 and 27 pounds per year respectively	Amount of Nitrogen and Phosphorous diverted.
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input checked="" type="checkbox"/> Improve transportation conditions	Reduce possibility of 25 year flood impacts on streets between Halifax River and US1 in addition to portions of State Route 421 and the FEC Railroad	Number of flood events in 25 year period in the project area
<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	Reduce peak flood stage by up to 1 foot Minimize flood recovery time by up to 9 hours	Change in peak flood stage levels for 25 year event Recovery from flood stage for 25 year events
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Reduce nitrogen and phosphorus into the Halifax River by 133 and 27 pounds per year respectively	Amount of nitrogen and phosphorus diverted annually
<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:	750,000	34.4%	N/A
2. Federal:	350,000	16.1%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	750,000	34.4%	No

4. Local:	328,415	15.1%	No
5. Other:	0	0.0%	No
TOTAL	2,178,415	100%	

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

No

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

City Stormwater fee

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.

This project was partially funded in the City's 2017-18 Capital Improvement Plan with dedicated funding from the City, CDBG and the 2017 legislature. Page 140

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?

Already completed

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?

Already completed

33. List all required permits.

Saint Johns River Water Management District, Army Corps of Engineers, Florida Department of Environmental Protection, City of Port Orange

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?  
6/30/2020

HB 2805

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Port Orange Flooding Mitigation and Stormwater Quality  
4           Improvement Phase II Including Land Acquisition;  
5           providing an appropriation; providing an effective  
6           date.

7

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

9

10           Section 1. Port Orange Flooding Mitigation and Stormwater  
11 Quality Improvement Phase II Including Land Acquisition is an  
12 Appropriations Project as defined in The Rules of The Florida  
13 House of Representatives and is described in Appropriations  
14 Project Request 495, herein incorporated by reference.

15           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
16 of \$750,000 from the General Revenue Fund is appropriated to the  
17 Department of Environmental Protection to fund the Port Orange  
18 Flooding Mitigation and Stormwater Quality Improvement Phase II  
19 Including Land Acquisition as described in Appropriations  
20 Project Request 495.

21           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: Ormond Beach South Peninsula Reclaimed Water Expansion
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Thomas Leek  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					1,200,000	1,200,000

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.

Liquidated damages will be assessed to the contractor

6. Requester:

- a. Name: Mayor Bill Partington
- b. Organization: City of Ormond Beach
- c. Email: bill.partington@ormondbeach.org
- d. Phone #: (386)871-8232

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

- a. Name: John Noble, P.E
- b. Organization: City of Ormond Beach
- c. Email: john.noble@ormondbeach.org
- d. Phone #: (386)676-3302

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

- a. Name: Doug Bell
- b. Firm: Metz, Husband, and Daughton
- c. Email: doug.bell@mhdfirm.com
- d. Phone #: (850)205-9000

9. Organization or Name of entity receiving funds:

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

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?

Provide reuse service to 653 residents resulting in reduction of nutrient pollution (Nitrogen (3,150 lb/yr)/Phosphorous (1,050 lb/yr)) discharged into the Halifax River, reduction of 126 million gallons per year of groundwater withdrawals.

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	Construction of reclaimed water mains	1,200,000
TOTAL		1,200,000

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:

Presentation of project summary and request at 2017 Volusia County Delegation Meeting. City Commission Resolution adopting the project as part of the City's Utility Master Plan Update.

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 is identified in the City's Utility Master Plan Update prepared by an independent consulting engineering firm.

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	Reduction of discharge of 3,150lb/yr of Nitrogen and 1,050lb/yr of Phosphorous into the Halifax River and Indian River Lagoon	Recording meter flow of reclaimed water usage
<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	Reduction of discharge of 3,150lb/yr of Nitrogen and 1,050lb/yr of Phosphorous into the Halifax River and Indian River Lagoon	Recording meter flow of reclaimed water usage
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		

<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Reduction of discharge of 3,150lb/yr of Nitrogen and 1,050lb/yr of Phosphorous into the Halifax River and Indian River Lagoon	Recording meter flow of reclaimed water usage
<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:	1,200,000	33.3%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	1,200,000	33.3%	Yes
4. Local:	1,200,000	33.3%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>3,600,000</b>	<b>100%</b>	

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 and sewer 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): SJRWMD Cost Share 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.

City of Ormond Beach 2015 Utility Master Plan, Pages 275-278

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?

3/1/2015

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?  
01/31/2017
33. List all required permits.  
FDEP
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?  
30%
37. What is the estimated completion date of construction?  
04/02/2018

HB 2807

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Ormond Beach South Peninsula Reclaimed Water  
4           Expansion; 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. Ormond Beach South Peninsula Reclaimed Water  
10 Expansion is an Appropriations Project as defined in The Rules  
11 of The Florida House of Representatives and is described in  
12 Appropriations Project Request 592, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$1,200,000 from the General Revenue Fund is appropriated to  
16 the Department of Environmental Protection to fund the Ormond  
17 Beach South Peninsula Reclaimed Water Expansion as described in  
18 Appropriations Project Request 592.

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: Jacksonville LaSalle Street Pump Station Phase II
2. Date of Submission: 11/10/2017
3. House Member Sponsor: Jason Fischer  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <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.

Contract cancellation and refund of any funding received.

6. Requester:

- a. Name: Ali Korman Shelton
- b. Organization: City of Jacksonville, Director of Intergovernmental Affairs
- c. Email: akshelton@coj.net
- d. Phone #: (904)718-4276

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

- a. Name: Ali Korman Shelton
- b. Organization: City of Jacksonville, Director of Intergovernmental Affairs
- c. Email: akshelton@coj.net
- d. Phone #: (904)718-4276

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

- a. Name: Mat Forrest
- b. Firm: Ballard Partners
- c. Email: mat@ballardfl.com
- d. Phone #: (561)779-7003

9. Organization or Name of entity receiving funds:

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

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?

Stormwater retention ponds, so common in modern neighborhoods, are not feasible in this densely populated and developed area. The objective of Phase II is to complete a stormwater pump station within the LaSalle Street basin, along with associated collection system upgrades to improve drainage and minimize flooding. The property, which the city has acquired and has fully funded the design/engineering. Construction is estimated to cost nearly \$7 million.

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	Portion of the Construction Costs of the installation of a Pump Station.	500,000
<b>TOTAL</b>		<b>500,000</b>

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:

We have letters of support from residents who experience dramatic flooding in this drainage basin. European Street Caf?, which experiences flooding around their business and is currently closed due to flooding. Secondly, an experienced real estate agent with experience in this area for over 20 twenty years has expressed the need for this project. Additionally, the City of Jacksonville Emergency Preparedness Division supports this project.

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 project was derived out of the City of Jacksonville?s updated Master Stormwater Management Plan, completed in 2011 by Camp, Dresser & McKee (now CDMSmith). MSMP data indicated the project would yield the desired flood control benefits.

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	Alleviate growing water quality concerns in tributaries and the St. Johns River	Flood prevention will allow rising tide to be pumped through the stormwater system rather than collect debris and other household contaminants from private properties and then washing them into the St. Johns River.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Reduction in claims against the city and property damage caused by flooding	The flood improvement performance of the project will be confirmed by comparing future storm events to observed flooding. The city's Risk Management office and Emergency Preparedness Office would experience a reduction in claims associated with flooding.
<input checked="" type="checkbox"/> Improve transportation conditions	Reduction in street flooding during storm events	The flood improvement performance of the project will be confirmed by comparing future storm events to observed flooding. Citizen reports of flooding in roadway would decrease



<input checked="" type="checkbox"/> Increase or improve economic activity	Alleviate conditions that prevent customers from reaching businesses, and reduce threat of damage to businesses caused by flooding	The flood improvement performance of the project will be confirmed by comparing future storm events to observed flooding.
<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 be properly redirected instead of queuing on roads, yards and in buildings.	The flood improvement performance of the project will be confirmed by comparing future storm events to observed flooding.
<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	500,000	5.9%	N/A

Project Request:			
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	8,034,450	94.1%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>8,534,450</b>	<b>100%</b>	

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?

Jacksonville Stormwater Utility

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.

2018-2022 Capital Improvement Plan (pg. 269) and the City of Jacksonville Master Stormwater Management Plan 2007-N/A

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?
- 12/31/2019
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.
- Environmental Resource Permit (SJRWMD)
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?

8/31/2021

HB 2847

2018

1                                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Jacksonville LaSalle Street Pump Station Phase II;  
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. Jacksonville LaSalle Street Pump Station Phase  
10 II is an Appropriations Project as defined in The Rules of The  
11 Florida House of Representatives and is described in  
12 Appropriations Project Request 491, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$500,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Jacksonville  
17 LaSalle Street Pump Station Phase II as described in  
18 Appropriations Project Request 491.

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: Okaloosa County Overbrook Subdivision Flooding
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Mel Ponder  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					250,000	250,000

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.

## Revocation of Grant Funds

6. Requester:

- a. Name: Scott Henson
- b. Organization: Okaloosa County Public Works Stormwater Division
- c. Email: shenson@co.okaloosa.fl.us
- d. Phone #: (850)609-6165

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

- a. Name: Scott Henson
- b. Organization: Okaloosa County Public Works Stormwater Division
- c. Email: shenson@co.okaloosa.fl.us
- d. Phone #: (850)609-6165

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

- a. Name: Sarah Busk
- b. Firm: The Advocacy Group at Cardenas Partners
- c. Email: sjb@cardenaspartners.com
- d. Phone #: (850)222-8900

9. Organization or Name of entity receiving funds:

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

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?

Alleviate and/or reduction of pervasive flooding during heavy rain, tropical storm and hurricane conditions in the Overbrook subdivision. Roughly 50% of the 136 single family homes experience interior flooding in heavy rain events and 13% of the 136 single family homes will flood in moderate rain events.

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 will compile existing reporting and data sets, fill data gaps and produce comprehensive design for new and rehabilitation of existing stormwater infrastructure. Consultant will prepare and deliver construction plans and bid specifications to County.	100,000
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Oversight of construction activities	25,000
Fixed Capital Construction/Major Renovation:		

<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Construction of Phase I of approved stormwater infrastructure system	125,000
TOTAL		250,000

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): It is expected that a portion of the stormwater infrastructure will be located on DoD real estate.

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:

This project includes Federal, State and Local jurisdictions who are partnering to provide flooding relief to Overbrook subdivision. The local affected community have endured flooding issues for over 25 years and are active advocates for a resolution. Public meetings addressing the issue are very well attended and Standing Room Only.

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	This project will potentially involve protection and conservation of wetlands and/or designated conservation areas. Mitigation of impacts will be a priority	Obtaining the applicable permits and regulatory review of project documents.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	A reduction of flooding potential will protect residents from potential property loss and public health issues particularly during heavy rain and hurricane situations.	Inspections performed by County personnel after construction will provide data on the level of success obtained.
<input checked="" type="checkbox"/> Improve transportation conditions	Current flooding events prevent ingress/egress into the subdivision. One design objective will be to convey stormwater in a manner that allows for unfettered ingress/egress throughout the subdivision	Inspection of roadways by County personnel during and after significant rainfall events
<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	A significant portion of stormwater entering the affected area is uncontrolled. Once engineering controls are constructed benefits will be measured by direct observation during heavy rain and hurricane conditions	The County will monitor and maintain engineering controls and document findings
<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:	250,000	90.9%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No

4. Local:	25,000	9.1%	No
5. Other:	0	0.0%	No
TOTAL	275,000	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, gas tax

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?  
20%
29. What is the estimated planning completion date?  
03/30/2018
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?  
07/31/2018
33. List all required permits.  
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?  
04/30/2019

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Okaloosa County Overbrook Subdivision Flooding;  
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. Okaloosa County Overbrook Subdivision Flooding  
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 715, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$250,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Okaloosa  
17 County Overbrook Subdivision Flooding as described in  
18 Appropriations Project Request 715.

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: Riviera Beach Water Treatment Plant Disinfection Facility

2. Date of Submission: 11/13/2017

3. House Member Sponsor: Al Jacquet

Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- 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*
- What is the most recent fiscal year the project was funded? 2017-18
- Were the funds provided in the most recent fiscal year subsequently vetoed? No
- 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)	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  (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		1,478,000	1,478,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? Yes

5a. If yes, which state agency? Department of Environmental Protection

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

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.

N/A

6. Requester:

- a. Name: Willie Horton
- b. Organization: City of Riviera Beach Utility District
- c. Email: whorton@rivierabch.com
- d. Phone #: (561)845-4185

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

- a. Name: Willie Horton
- b. Organization: City of Riviera Beach Utility District
- c. Email: whorton@rivierabch.com
- d. Phone #: (561)845-4185

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

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

9. Organization or Name of entity receiving funds:

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

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 current Utility District infrastructure is aged and requires a complete overhaul and renovation. The disinfection process is crucial in ensuring that our citizens receive quality drinking water.

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	Construction of a new disinfection facility and installation of equipment	1,478,000
<b>TOTAL</b>		<b>1,478,000</b>

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 Utility District Board approved a plan to renovate the Water Treatment Plant as part of the Capital and Master Plan.

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:

A complete Master Plan and study was conducted in the year 2013 which concluded the current disinfection system has challenges and require replacement.

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	The daily application of the disinfection process will eliminate harmful elements from the drinking	Daily testing of water after the disinfection process will provide a benchmark for water quality and meet

	water.	drinking water 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 type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	The daily application of the disinfection process will eliminate harmful elements from the drinking water.	Daily testing of water after the disinfection process will provide a benchmark for water quality and meet drinking water standards.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Daily testing of water after the disinfection process will provide a benchmark for water quality and meet drinking water standards.	A specific amount of funding will be invested into the project and will immediately provide economic activity.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Contractors will be required to participate in the City's local participation program.	The number of local participants hired.
<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	The daily application of the disinfection process will eliminate harmful elements from the drinking water and improve the residual in the water and ensure that the District meets all regulatory requirements.	Daily testing of water after the disinfection process will provide a benchmark for water quality and meet drinking water standards.
<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:	1,478,000	42.8%	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:	1,978,000	57.2%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>3,456,000</b>	<b>100%</b>	

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?

User fees or customer fees and enterprise account

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 Riviera Beach Capital Plan

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?

03/01/2018

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?

02/01/2018

33. List all required permits.

Health Department Regulatory Permit, City Building 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?

None

37. What is the estimated completion date of construction?

06/01/2019

HB 2893

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Riviera Beach Water Treatment Plant Disinfection  
4           Facility; 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. Riviera Beach Water Treatment Plant  
10 Disinfection 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 817, herein  
13 incorporated by reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$1,478,000 from the General Revenue Fund is appropriated to  
16 the Department of Environmental Protection to fund the Riviera  
17 Beach Water Treatment Plant Disinfection Facility as described  
18 in Appropriations Project Request 817.

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: Boynton Beach Fuel Cell Power Generation
2. Date of Submission: 11/10/2017
3. House Member Sponsor: Al Jacquet  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					1,500,000	1,500,000

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 will forfeit the funds and & repay the State.

6. Requester:

- a. Name: Joe Paterniti, P.E.
- b. Organization: City of Boynton Beach
- c. Email: Paternitij@bbfl.us
- d. Phone #: (561)742-6423

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

- a. Name: Joe Paterniti, P.E.
- b. Organization: City of Boynton Beach
- c. Email: Paternitij@bbfl.us
- d. Phone #: (561)742-6423

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

- a. Name: Mat Forest
- b. Firm: Ballard Partners
- c. Email: Mat@Ballardfl.com
- d. Phone #: (561)523-3232

9. Organization or Name of entity receiving funds:

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

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?

Requested Funds will be utilized to implement a natural gas fuel cell power generation system to provide power (Operational and Emergency Back-up) to the City's 24-mgd water treatment facility.

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	Funds received will assist the City with implementation of a 460KW Fuel Cell to provide power (operating and emergency back up) for the City's Water treatment facility.	1,500,000
<b>TOTAL</b>		<b>1,500,000</b>

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:

The Department of Energy Quadrennial Technology Review 2015 (Chapter 4) has identified Fuel Cells as a technology for the advancement of Clean Electric Power Generation. Fuel Cells inherently offer high efficiency and low emissions because they are based on a direct chemical to electric conversion (no Combustion). Fuel Cells are modular in scalable. In 2010 the City adopted a Climate Action Plan with a Goal of reducing Greenhouse Gas emissions. Implementation of Fuel Cells will advance this goal.

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?

Funds received will assist the City with implementation of a 460KW Fuel Cell to provide power (operating and emergency back up) for the City's Water treatment facility.

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

The project will reduce greenhouse gas emissions and the city's carbon footprint.



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 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 checked="" type="checkbox"/> Improve quality of education	The project will teach students how the utility & state are making strides to reduce greenhouse gas emissions.	Conduct tours of the city and provide literature on the how this project will reduce greenhouse gas emissions.
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	The project will reduce greenhouse gas emissions and carbon footprint.	Staff will be able to calculate the reduction of carbon being released to the atmosphere.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	The project will reduce greenhouse gas emissions and the city's carbon footprint.	Staff will be able to calculate the energy cost savings and the reduction of carbon being released to the atmosphere.
<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 checked="" type="checkbox"/> Other (Please describe): Reduces Green house gas emissions	Reduces the dependency of Combustion engines of turbines for power generation.	A measurable education in power costs as well as a measurable reduction in greenhouse gases

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:	1,500,000	62.5%	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:	900,000	37.5%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>2,400,000</b>	<b>100%</b>	

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

No

HB 2895

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Boynton Beach Fuel Cell Power Generation; 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. Boynton Beach Fuel Cell Power Generation 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 520, herein incorporated by reference.

12           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
13 of \$1,500,000 from the General Revenue Fund is appropriated to  
14 the Department of Environmental Protection to fund the Boynton  
15 Beach Fuel Cell Power Generation as described in Appropriations  
16 Project Request 520.

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: El Portal Little River Septic to Sewer - Phase 1
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Roy Hardemon  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					946,000	946,000

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.

Funds could be withdrawn from project.

6. Requester:

- a. Name: Christia Alou
- b. Organization: Village of El Portal
- c. Email: VillageManager@VillageofElPortal.org
- d. Phone #: (305)795-7884

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

- a. Name: Christia Alou
- b. Organization: Village of El Portal
- c. Email: VillageManager@VillageofElPortal.org
- d. Phone #: (305)795-7884

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

- a. Name: Richard Pinsky
- b. Firm: Akerman LLP
- c. Email: Richard.Pinsky@Akerman.com
- d. Phone #: (561)653-5000

9. Organization or Name of entity receiving funds:

- a. Name: Village of El Portal
- 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?

This project will improve water quality in the Little River basin by reducing excess nutrients discharged by failing septic tanks and drain fields. Models show the water levels in the Little River (C-7 Canal) will continue to rise, causing more septic systems to fail over the next decade. This project will also reduce existing public health risks from exposure to improperly treated sewage mingling with standing water from frequent "sunny day" floods.

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 is a one-time funding request including costs associated with project design, permitting, construction, and project certification.	946,000
<b>TOTAL</b>		<b>946,000</b>



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:

Public hearings were held on June 27 and August 2, 2017 to discuss the septic to sewer conversion for the entire Village and the designation of the Phase 1 area. Residents were in support of the project. This project supports Miami-Dade Comprehensive Plan Objective WS-4H.

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	Reduce surface and groundwater fecal coliform contamination resulting from failing septic systems.	Quantify number of septic systems removed from service and number of parcels connected to centralized, publicly-owned sewer system.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Reduce exposure to health risks (virus, bacteria, controlled substances) in flood waters and groundwater.	Quantify number of septic systems removed from service and number of parcels connected to centralized, publicly-owned sewer system.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Land previously used for residential septic systems can be used for other site improvements. Increased property value resulting from sites with functioning sewer system.	Track home sales before and after sewer conversion.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Construction will utilize local workers. Operation and maintenance of new system will also support new utility employees.	Quantify number of local workers employed during construction and operation of new system.
<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	Reduce surface and groundwater fecal coliform contamination resulting from failing septic systems. Reduce exposure to health risks (virus, bacteria, controlled substances) in flood waters and groundwater.	Quantify number of septic systems removed from service and number of parcels connected to centralized, publicly-owned sewer system.
<input checked="" type="checkbox"/> Improve stormwater management	Reduce surface and groundwater fecal coliform contamination resulting from failing septic systems. Reduce exposure to health risks (virus, bacteria, controlled substances) in flood waters and groundwater.	Quantify number of septic systems removed from service and number of parcels connected to centralized, publicly-owned sewer system.
<input checked="" type="checkbox"/> Improve groundwater quality	Reduce surface and groundwater fecal coliform contamination resulting from failing septic systems.	Quantify number of septic systems removed from service and number of parcels connected to centralized, publicly-owned sewer system.
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Reduce surface and groundwater fecal coliform contamination resulting from failing septic systems. Reduce exposure to health risks (virus, bacteria, controlled substances) in flood waters and groundwater.	Quantify number of septic systems removed from service and number of parcels connected to centralized, publicly-owned sewer system.
<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:	946,000	91.6%	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:	87,000	8.4%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>1,033,000</b>	<b>100%</b>	

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?

Not applicable - request is for a new public sewer system.

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.

Miami-Dade Comprehensive Plan Objective WS-4H listed on page V-8.

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?
- 9/1/2017
30. What is the status of design?
- a. Ready
  - b. Not Ready
31. What percentage of design has been completed?
- 20%
32. What is the estimated design completion date?
- 8/1/2018
33. List all required permits.
- Water and Sewer Department of Miami-Dade County, Miami-Dade Environmental Resource Management, South Florida Water Management District Dewatering
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?

6/1/2020

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           El Portal Little River Septic to Sewer - Phase 1;  
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. El Portal Little River Septic to Sewer - Phase  
10 1 is an Appropriations Project as defined in The Rules of The  
11 Florida House of Representatives and is described in  
12 Appropriations Project Request 818, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$946,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the El Portal  
17 Little River Septic to Sewer - Phase 1 as described in  
18 Appropriations Project Request 818.

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: North Miami Arch Creek North/South Drainage Improvements - Basin C
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Roy Hardemon  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					496,750	496,750

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.

## Refund of funds allocated

### 6. Requester:

- a. Name: Wisler Pierre-Louis
- b. Organization: City of North Miami
- c. Email: pwisler@northmiamifl.gov
- d. Phone #: (305)895-9830

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

- a. Name: Wisler Pierre-Louis
- b. Organization: City of North Miami
- c. Email: pwisler@northmiamifl.gov
- d. Phone #: (305)895-9830

### 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
- d. Phone #: (305)935-1866

### 9. Organization or Name of entity receiving funds:

- a. Name: City of North Miami
- 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 specific purpose is to substantially reduce flooding within the Arch Creek North/South drainage areas and to reduce pollutant loading to Biscayne Bay (an Outstanding Florida Water) and Sanitary Sewer Overflows.

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 used for construction services only. The proposed project would consist of exfiltration system, solid piping, installation of new catch basin structures with baffles and replacement of existing hand built catch basins aimed at reducing the	496,750

	pollutant loading to the Arch Creek Canal and ultimately Biscayne Bay.	
TOTAL		496,750

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:

Arch Creek Meeting Community Charrette, letter from councilperson, Arch Creek Basin Study, Climate Change discussion and presentation, Complaints from residents.

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:

Part of the project design by King Engineering, Inc.

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	Reduce sanitary sewer overflow and co-mingling of sanitary & stormwater sewers during major flooding events.	Reduced instances of flooding
<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 sanitary sewer overflow and co-mingling of sanitary & stormwater sewers during major flooding events.	Reduced sanitary sewer overflow into canal during major flooding events.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Reduce sanitary sewer overflow and co-mingling of sanitary & stormwater sewers during major flooding events.	Reduced instances of flooding
<input checked="" type="checkbox"/> Improve transportation conditions	Reduce roadway flooding during major flooding events.	More local businesses open for business right after a major flooding event.
<input checked="" type="checkbox"/> Increase or improve economic activity	Reduce roadway and neighborhood flooding after major flooding events.	Major local businesses open for business right after a major flooding event.
<input checked="" type="checkbox"/> Increase tourism	Reduce sanitary sewer overflow and co-mingling of sanitary & stormwater sewers during major flooding events.	Major local businesses open for business right after a major flooding event.
<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	Reduce sanitary sewer overflow and co-mingling of sanitary & stormwater sewers during major flooding events.	Maintain the separation between sanitary and stormwater sewers during and after major storm/flooding events.
<input checked="" type="checkbox"/> Improve stormwater management	Reduce sanitary sewer overflow and co-mingling of sanitary & stormwater sewers during major flooding events.	Maintain the separation between sanitary and stormwater sewers during and after major storm/flooding events.
<input checked="" type="checkbox"/> Improve groundwater quality	Reduce sanitary sewer overflow and co-mingling of sanitary & stormwater sewers during major flooding events.	Maintain the separation between sanitary and stormwater sewers during and after major storm/flooding events.
<input checked="" type="checkbox"/> Improve drinking water quality	Reduce sanitary sewer overflow and co-mingling of sanitary & stormwater sewers during major flooding events.	Reduced sanitary sewer overflows and seepage into ground water aquifer. Reduced boil water ordinances.
<input checked="" type="checkbox"/> Improve surface water quality	Reduce sanitary sewer overflow and co-mingling of sanitary & stormwater sewers during major flooding events.	Maintain the separation between sanitary and stormwater sewers during and after major storm/flooding events.
<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:	496,750	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:	497,157	50.0%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>993,907</b>	<b>100%</b>	

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 Funds (existing)

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 North Miami SWMP - 2012

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?

09/03/2012

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?

03/03/2015

33. List all required permits.

ERP

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?

09/02/2019

HB 2927

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           North Miami Arch Creek North/South Drainage  
4           Improvements - Basin C; 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. North Miami Arch Creek North/South Drainage  
10 Improvements - Basin C is an Appropriations Project as defined  
11 in The Rules of The Florida House of Representatives and is  
12 described in Appropriations Project Request 786, herein  
13 incorporated by reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$496,750 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the North Miami  
17 Arch Creek North/South Drainage Improvements - Basin C as  
18 described in Appropriations Project Request 786.

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: Delray Beach Sand Search for Beach Nourishment Project

2. Date of Submission: 11/13/2017

3. House Member Sponsor: Bill Hager

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 <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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
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? 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.

Failure to meet deliverables or performance measures on this project can result in applicant being removed from eligibility for State and Federal funding for beach nourishment activities.

6. Requester:

- a. Name: Missie Barletto
- b. Organization: City of Delray Beach
- c. Email: barlettom@mydelraybeach.com
- d. Phone #: (239)707-2371

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

- a. Name: Missie Barletto
- b. Organization: City of Delray Beach
- c. Email: barlettom@mydelraybeach.com
- d. Phone #: (239)707-2371

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

- a. Name: Mat Forrest
- b. Firm: Ballard Partners
- c. Email: Mat@ballardfl.com
- d. Phone #: (561)779-7003

9. Organization or Name of entity receiving funds:

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

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 City of Delray Beach has one of the most highly praised coastal dune ecosystems in the State of Florida. Storm surge from Hurricane Irma caused a loss of approximately 185,000 cu yds of sand from the beach, diminishing the spatial extent by up to 40 feet in width in some areas. The estimated renourishment cost is \$6,918,780. Prior to performing a Beach Nourishment Project, however, a search for the sand that matches the current elements in Delray Beach is required at a cost of \$650,000.

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	Consultants will utilize a variety of survey techniques to map the ocean floor and identify potential sources of sand to be pumped onto the Beach. A cultural resource survey also must be completed to avoid damage to ship wreck off the shore.	650,000
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		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)

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:

This area is among the most popular of venues for visitors to Delray Beach. Support for this project has been publicly endorsed during regular City Commission meetings.

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:

Documentation is available from the US Army Corps of Engineers and from the Florida Department of Environmental Protection.

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

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 checked="" type="checkbox"/> Enrich cultural experience	Preservation of the Coastal Dune Ecosystem and the beach area of Delray Beach is part of the rich cultural heritage of this area.	Visitor comments will be randomly captured and recorded.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Preservation of the Coastal Dune Ecosystem provides both local citizens and visitors access to the history and natural history aspects of the area.	Visitor comments will be randomly captured and recorded.
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	The Coastal Dune Ecosystem in Delray Beach is home to a number of endangered plant species that have lost habitat in other beach areas of the state, as well as providing ample nesting areas for sea turtles.	Endangered plant species and turtle nest success rates will be measured.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Appropriately managed and preserved dunes prevent inundation by storm surge across A1A, protecting lives and minimizing property damages from the effects of hurricanes.	Minimized storm effects from storm surge.
<input checked="" type="checkbox"/> Improve transportation conditions	Appropriately managed and preserved dunes prevent inundation by storm surge across A1A, protecting lives and minimizing property damages from the effects of hurricanes. A1A is an evacuation route.	Minimized storm effects from storm surge.



<input checked="" type="checkbox"/> Increase or improve economic activity	Preservation of the Beach will continue to attract more visitors to area.	Increases in parking tolls will be used to measure increased visitorship to park.
<input checked="" type="checkbox"/> Increase tourism	Preservation of the Beach will continue to attract more visitors to area.	Increases in parking tolls will be used to measure increased visitorship to park.
<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	Appropriately managed and preserved dunes prevent inundation by storm surge across A1A, protecting lives and minimizing property damages from the effects of hurricanes. A1A is an evacuation route.	Reduced incidents of storm surge onto roadway.
<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 F)	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?

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           Delray Beach Sand Search for Beach Nourishment  
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. Delray Beach Sand Search for Beach Nourishment  
10 Project is an Appropriations Project as defined in The Rules of  
11 The Florida House of Representatives and is described in  
12 Appropriations Project Request 618, herein incorporated by  
13 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 Delray Beach  
17 Sand Search for Beach Nourishment Project as described in  
18 Appropriations Project Request 618.

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 Stormwater Pipe Replacement and Lining
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? 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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					250,000	250,000

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: Ron@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?

Margate's stormwater pipe infrastructure is at or beyond it's useful lifespan. Continuous issues include collapses, sinkholes, and depressions in roadways caused by perforations in the pipes and interruptions in the drainage of roadways due to pipe blockages related to failures of the pipe metal. By lining or replacing pipes, the City will be improving the stormwater infrastructure for the next 50 years, resulting in a decreased flooding risk, sinkholes, road depressions, and drainage blocks.

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	Lining or replacement of approximately 4,000 linear feet of stormwater pipes	250,000
<b>TOTAL</b>		<b>250,000</b>



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?

No

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.)	Having efficient, functional stormwater drainage system allows our roadways to stay clear of flooding and its potential hazards as well as keeping roadways clear of construction/repairs necessary when pipes fail.	Reducing the number and frequency of flooding, road repairs and patches due to pipe problems.
<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	Allowing our stormwater system to function as designed in conveying stormwater into our canal system and to provide safe and unencumbered roadways.	Lessen the number of rain event roadway floods and reduce the number of roadway repairs necessitated by pipe failure.
<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:	250,000	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:	250,000	50.0%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>500,000</b>	<b>100%</b>	

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 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)
- 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?

80%

29. What is the estimated planning completion date?

11/30/2017

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?

Completed

33. List all required permits.

None

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

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Margate Stormwater Pipe Replacement and Lining;  
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. Margate Stormwater Pipe Replacement and Lining  
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 727, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$250,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Margate  
17 Stormwater Pipe Replacement and Lining as described in  
18 Appropriations Project Request 727.

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: Cape Coral Reservoir and Pipeline Project

2. Date of Submission: 10/24/2017

3. House Member Sponsor: Dane Eagle

Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

a. Has funding been provided in a previous state budget for this activity? No

***If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E***

b. What is the most recent fiscal year the project was funded?

c. Were the funds provided in the most recent fiscal year subsequently vetoed?

d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					1,115,000	1,115,000

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 penalties that the city would risk would be jeopardizing any future funding endeavors from the State. Also on a larger scale the penalties that the city would incur would be the funding of this effort entirely by itself.

6. Requester:

- a. Name: Jeff Pearson
- b. Organization: City of Cape Coral
- c. Email: jpearson@capecoral.net
- d. Phone #: (239)574-0709

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

- a. Name: Jeff Pearson
- b. Organization: City of Cape Coral
- c. Email: jpearson@capecoral.net
- d. Phone #: (239)574-0709

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

- a. Name: Yeline Goin
- b. Firm: Becker & Poliakoff
- c. Email: ygoin@BPlegal.com; kskyers@BPlegal.com
- d. Phone #: (407)875-0955

9. Organization or Name of entity receiving funds:

- a. Name: City of Cape Coral
- b. County (County where funds are to be expended): Lee
- c. Service Area (Counties being served by the service(s) provided with funding): Charlotte, 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 City of Cape Coral has recognized a potential need to store surface water for use in the City's irrigation system beyond its two traditional supply sources (fresh water canals and reclaimed water). This effort will capture surface water, in large reservoirs, that otherwise would be released into the Gulf of Mexico. Another expected benefit of this project would be to alleviate the possibility of flooding caused by a natural disaster strike.

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 checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Engineering, design and permitting provided by a consultant for the phase 1 portion of the project which would entail a pipeline from the existing reservoir in lower Charlotte County (Southwest Aggregates Mine) to the City of Cape Coral Gator Slough the city's northernmost feeder canal.	1,115,000

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,115,000

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:

The project was presented and discussed at the June 15, 2016 Charlotte Harbor Flatwoods Initiative public meeting and has garnered support from many local stakeholders.

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 need for the funds is documented in the report titled, "Northeast Irrigation Reservoir Basis of Design, November 29, 2016, prepared by Tetra Tech, Inc. for the City of Cape Coral.

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 checked="" type="checkbox"/> Enrich cultural experience	Restores historical water flows	Survey of local residents' awareness
<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	Extends Yucca Pens hydroperiod	Ecologist field sampling and observation
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Extends Yucca Pens hydroperiod and controls flooding issues that may occur	Ecologist field sampling and observation, and survey of local residents' awareness
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Overall reservoir capital spending (\$42million)	City of Cape Coral spending on the project
<input checked="" type="checkbox"/> Increase tourism	New ecotourism opportunities	Number of facility users
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Reservoir operations and maintenance staff needed	Number of staff hired to operate and maintain
<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	Reservoir stores excess stormwater	Annual volume of water stored

<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Reservoir provides some treatment and flooding control	Water quality sampling
<input checked="" type="checkbox"/> Other (Please describe): Protection from flooding after a hurricane or other event	Reservoir would provide flooding control	Annual volume of water stored

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:	1,115,000	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:	1,115,000	50.0%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>2,230,000</b>	<b>100%</b>	

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?

Monthly City of Cape Coral Utility 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 Cape Coral Utilities Department 10-Year CIP, Page 2

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?
- 11/29/2016
30. What is the status of design?
- a. Ready
  - b. Not Ready
31. What percentage of design has been completed?
- 10%
32. What is the estimated design completion date?
- 6/1/2018
33. List all required permits.
- SFWMD Water Use Permit, FDOT ROW Permit, Gopher Tortoise Conservation 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?

6/1/2021



HB 3075

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Cape Coral Reservoir and Pipeline Project; providing  
4           an appropriation; providing an effective date.

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

7  
8           Section 1. Cape Coral Reservoir and Pipeline Project 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 92, herein incorporated by reference.

12           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
13 of \$1,115,000 from the General Revenue Fund is appropriated to  
14 the Department of Environmental Protection to fund the Cape  
15 Coral Reservoir and Pipeline Project as described in  
16 Appropriations Project Request 92.

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: Boynton Beach Mangrove Park Water Quality and Access Improvements
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Al Jacquet  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					1,050,000	1,050,000

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 will forfeit the funds and & repay the State.

6. Requester:

- a. Name: Joe Paterniti, P.E.
- b. Organization: City of Boynton Beach
- c. Email: Paternitij@bbfl.us
- d. Phone #: (561)742-6423

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

- a. Name: Joe Paterniti, P.E.
- b. Organization: City of Boynton Beach
- c. Email: Paternitij@bbfl.us
- d. Phone #: (561)742-6423

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

- a. Name: Mat Forest
- b. Firm: Ballard Partners
- c. Email: Mat@Ballardfl.com
- d. Phone #: (561)523-3232

9. Organization or Name of entity receiving funds:

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

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 funds will replace a fixed walkway within the park with a system that will allow public access and provide a platform for water circulation and aeration improvements.

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 project funds will replace a fixed walkway within the park with a system that will allow public access and provide a platform for water circulation and aeration improvements.	1,050,000
TOTAL		1,050,000

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?

No

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?

Public access

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

Allow public access and provide a platform for water circulation and aeration improvements.

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): Entire Community

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 checked="" type="checkbox"/> Enrich cultural experience	In 1997, the City of Boynton Beach established Mangrove Park to protect a native mangrove forest and provide	Since it's inception in 1997 the mangrove park has been utilized by citizens, seasonal residents and

	multiple benefits one of which is a providing a place were citizens to gather to experience the natural Florida coastal environment.	tourists. It is estimated that several hundred people visit the park each year.
<input checked="" type="checkbox"/> Improve agricultural production/promotion/education	The purpose of this project is to replace failing components of these systems so the high quality mangrove forest is protected and allow the City to continue to provide safe public access to a native high quality mangrove forest for education and observation.	The park demonstrates how humans can provide benefit to enhance the natural environment.
<input checked="" type="checkbox"/> Improve quality of education	The purpose of this project is to replace failing components of these systems so the high quality mangrove forest is protected and allow the City to continue to provide safe public access to a native high quality mangrove forest for education and observation.	Local schools have utilized the park for field trips to provide educational opportunities for their students
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	In 1997, the City of Boynton Beach established Mangrove Park to protect a native mangrove forest and provide stormwater treatment for runoff that was entering the area untreated. Mangroves provide wildlife habitat.	The park demonstrates how humans can provide benefit to enhance the natural environment.
<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	The City of Boynton Beach established Mangrove Park to protect a native mangrove forest and provide stormwater treatment for runoff that was entering the area untreated.	Water quality improvements have been experienced by utilizing stormwater treatment facility to the reduction of nutrients entering the high quality mangrove forest
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Part of the project included mechanical mixing and aeration of the open water portion of the park to maintain water quality and public access throughout the park.	Increased dissolved oxygen concentrations are increased in treated stormwater entering the high quality mangrove forest.
<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	1,050,000	63.6%	N/A

Project Request:			
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	600,000	36.4%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>1,650,000</b>	<b>100%</b>	

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

No

HB 3187

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Boynton Beach Mangrove Park Water Quality and Access  
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. Boynton Beach Mangrove Park Water Quality and  
10 Access Improvements is an Appropriations Project as defined in  
11 The Rules of The Florida House of Representatives and is  
12 described in Appropriations Project Request 886, herein  
13 incorporated by reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$1,050,000 from the General Revenue Fund is appropriated to  
16 the Department of Environmental Protection to fund the Boynton  
17 Beach Mangrove Park Water Quality and Access Improvements as  
18 described in Appropriations Project Request 886.

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: Coral Gables Citywide Stormwater System Improvements

2. Date of Submission: 11/13/2017

3. House Member Sponsor: Daniel Perez

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 <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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					720,000	720,000

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 funds to the State of Florida.

6. Requester:

- a. Name: Cathy Swanson-Rivenbark
- b. Organization: City of Coral Gables
- c. Email: cswanson@coralgables.com
- d. Phone #: (305)460-5021

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

- a. Name: Jorge Acevedo, P.E.
- b. Organization: City of Coral Gables
- c. Email: jacevedo2@coralgables.com
- d. Phone #: (305)460-5006

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

- a. Name: Nelson &
- b. Firm: Southern Strategies and Ron Book, PA
- c. Email: Ron@rlbookpa.com
- d. Phone #: (305)935-1866

9. Organization or Name of entity receiving funds:

- a. Name: City of Coral Gables
- 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 City of Coral Gables is planning a citywide removal and replacement of all the auger holes with actual catch basin structures along with their respective French drains. The City of Coral Gables storm-water system includes 108 outfalls discharging mainly into the Coral Gables Waterway and the Gables Estates Waterway; the project also consists of the design, and installation of baffle boxes at 5 major outfalls within the city.

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 checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Project design and construction management	100,000
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Project Construction	620,000
TOTAL		720,000

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:

Florida Department of Environmental Protection Report on Baffle Box Effectiveness Monitoring

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	Improve water quality discharge	Sampling of water quality parameters as per FDEP Standards
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Flooding Prevention	Flooding incident reports
<input checked="" type="checkbox"/> Improve transportation conditions	Reduce traffic and/or street closures	Flooding and Traffic incident reports
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Creation of construction jobs during construction of project	documentation of contractors on jobsite
<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	Flood control Improvements	Best Management Practice by FDEP
<input checked="" type="checkbox"/> Improve groundwater quality	Flood control Improvements	Best Management Practice by FDEP
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Improve water quality discharge	Sampling of water quality parameters as per FDEP Standards
<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:	720,000	86.7%	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:	0	0.0%	No
5. Other:	110,000	13.3%	Yes
<b>TOTAL</b>	<b>830,000</b>	<b>100%</b>	

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?

Storm-water 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)
- 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 Coral Gables Capital Improvement Plan, matching funds available.

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?

7/31/2017

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?

10/31/2018

33. List all required permits.

Miami-Dade County Regulatory and Economic Resources 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

HB 3215

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Coral Gables Citywide Stormwater System 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. Coral Gables Citywide Stormwater System  
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 627, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$720,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Coral Gables  
17 Citywide Stormwater System Improvements as described in  
18 Appropriations Project Request 627.

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 Lauderdale Tidal Valves and Stormwater Improvement Project
2. Date of Submission: 11/13/2017
3. House Member Sponsor: George Moraitis  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					700,000	700,000

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 will cover any cost overruns associated with delivering the project.

6. Requester:

- a. Name: Laura Reece
- b. Organization: City of Fort Lauderdale
- c. Email: lreece@fortlauderdale.gov
- d. Phone #: (954)828-5894

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

- a. Name: Shannon Graham
- b. Organization: City of Fort Lauderdale
- c. Email: sgraham@fortlauderdale.gov
- d. Phone #: (954)828-5789

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

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

9. Organization or Name of entity receiving funds:

- a. Name: City of Fort Lauderdale
- 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 goal of this project is to address tidal and storm-related flooding of roadways and private properties by installing new tidal valves and other stormwater infrastructure. This project will improve the inadequate and aging stormwater infrastructure in the Downtown corridor, as well as several other locations identified as nuisance flood areas during recent King Tide flood events. This goal is identified in the City's adopted Five Year Strategic Plan.

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 project will fund the installation of tidal valves and other stormwater infrastructure to alleviate tidal flooding near in the Downtown corridor, as well as several other locations identified as nuisance flood	700,000

	areas during recent King Tide flood events	
TOTAL		700,000

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:

Yes, the goal of this project is identified in the City's Press Play Fort Lauderdale Strategic Plan 2018 initiative, included within the Infrastructure Cylinder of Excellence, which is the result of surveys conducted with the residents of the City and adopted by the Commission.

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 City has documented the positive results obtained from similar capital projects recently completed in coastal neighborhoods with similar characteristics of flooded roadways from high tides and stormwater flows to the proposed 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 or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Reduce number of pedestrian and vehicular accidents caused by flooded roadways	Comparing number of reported accidents before and after project
<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 oils, grease and trash pollutants from street runoff to waterways	Comparing number of cleaning sweeps by stormwater operations crews on the improved stormwater control structures (Pre & post construction).
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Decreased flooding of roadways and improved water quality of waterways	Physical observation of water being retained in structures or swales for longer periods before running off into adjacent waterways and observation of less frequent flooding.
<input checked="" type="checkbox"/> Improve transportation conditions	Decreased flooding of roadways	Comparing number of traffic accidents of affected roadways and from observation of better traffic flows due to reduced flooding in travel ways.

<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	Reduction of oils, grease and trash pollutants from street runoff to waterways	Comparing number of cleaning sweeps by stormwater operations crews on the improved stormwater control structures.
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Installation of new exfiltration trenches, storm basins, tidal valves, grass swales	Physical observation of water being retained in structures or swales for longer periods before running off into adjacent waterways
<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	700,000	50.0%	N/A

Project Request:			
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	700,000	50.0%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>1,400,000</b>	<b>100%</b>	

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 Fund

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?

100%

29. What is the estimated planning completion date?

10/01/2016

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?

12/31/2017

33. List all required permits.

Broward County Surface Water License (For new exfiltration systems only)

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?

11/01/2019

HB 3221

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Fort Lauderdale Tidal Valves and Stormwater  
4           Improvement Project; 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. Fort Lauderdale Tidal Valves and Stormwater  
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 780, herein  
13 incorporated by reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$700,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Fort  
17 Lauderdale Tidal Valves and Stormwater Improvement Project as  
18 described in Appropriations Project Request 780.

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: Webster Gravity Collection System for NW 8th Avenue Area
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Randy Fine  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					1,500,000	1,500,000

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.

N/A

6. Requester:

- a. Name: Deanna Naugler
- b. Organization: City of Webster
- c. Email: DNaugler@WebsterFL.com
- d. Phone #: (352)793-2073

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

- a. Name: Deanna Naugler
- b. Organization: City of Webster
- c. Email: DNaugler@WebsterFL.com
- d. Phone #: (352)793-2073

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

- a. Name: Patrick Bell
- b. Firm: Capitol Solutions
- c. Email: PEBell@earthlink.net
- d. Phone #: (850)224-8282

9. Organization or Name of entity receiving funds:

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

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?

Convert grinder pump sewer system for low income section of the city to the more sanitary and cost-efficient gravity system enjoyed by the rest of the city utility users

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	Phase II: Engineering Costs-bidding and construction; Construction costs	1,500,000
TOTAL		1,500,000

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 appropriations award for Phase I of this project and the appropriations request to complete Phase II of this critical health and sanitation remediation project has been discussed at public meetings for the last 4 years. The DEP is also aware of the health and sanitation problems associated with the grinder pump system in Webster and has encouraged the city to seek funding to remediate this issue

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	Eliminate sewer backup/overflow	Federal and state nutrient criteria measures
<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	Eliminate sewer backup/overflow	Fed and state nutrient criteria measures
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Eliminate sewer backup/overflow	Fed and state nutrient criteria measures
<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	Eliminate sewer backup/overflow	Fed and state nutrient criteria measures
<input type="checkbox"/> Improve stormwater management		
<input checked="" type="checkbox"/> Improve groundwater quality	Eliminate sewer backup/overflow	Fed and State nutrient criteria measures
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Eliminate sewer backup/overflow	Fed and State nutrient criteria

		measures
<input checked="" type="checkbox"/> Other (Please describe): Encourages responsible and sustainable growth and reduce financial burden and opportunity costs	55920.00 per annum	Annual cost average of labor and materials for repair and replacement (2013-16)

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:	1,500,000	96.8%	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:	50,000	3.2%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>1,550,000</b>	<b>100%</b>	

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?

Utility billing-self-sustaining

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?  
100%
29. What is the estimated planning completion date?  
October 2019
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?  
October 2017
33. List all required permits.  
DEP collection system permit, DOT utility permit, Sumter County right of way 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?

July 2018

HB 3257

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Webster Gravity Collection System for NW 8th Avenue  
4           Area; 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. Webster Gravity Collection System for NW 8th  
10 Avenue Area is an Appropriations Project as defined in The Rules  
11 of The Florida House of Representatives and is described in  
12 Appropriations Project Request 1005, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$1,500,000 from the General Revenue Fund is appropriated to  
16 the Department of Environmental Protection to fund the Webster  
17 Gravity Collection System for NW 8th Avenue Area as described in  
18 Appropriations Project Request 1005.

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: Coconut Creek Wynmoor Potable Water Line Retrofit
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? 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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <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.

N/A

6. Requester:

- a. Name: Bernadette Hughes
- b. Organization: City of Coconut Creek
- c. Email: bhughes@coconutcreek.net
- d. Phone #: (954)973-6720

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

- a. Name: Osama Elshami
- b. Organization: City of Coconut Creek
- c. Email: oelshami@coconutcreek.net
- d. Phone #: (954)973-6786

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

- a. Name: Lauren Jackson
- b. Firm: Ericks Consultants
- c. Email: lauren@ericksconsultants.com
- d. Phone #: (850)224-0880

9. Organization or Name of entity receiving funds:

- a. Name: City of Coconut Creek
- 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?

To replace aging potable water lines within a 55+ community service area that are regularly breaking.

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	Replace existing potable water lines that are aging/failing with new HDPE pipes using pipe bursting methodology.	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

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:

Approved by City Commission as part of the FY18 Budget; which included the Capital Improvement Program that contains this project.

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 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	Project will decrease number and frequency of potable service interruptions and water quality concerns associated with breaks/failures in aging water pipes.	Records are tracked regarding number and frequency of service line repairs and breaks within the area. including boil water notices.
<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	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
<b>TOTAL</b>	<b>1,000,000</b>	<b>100%</b>	

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?

Customer 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?

Yes

24a. If Yes, insert plan name and cite page numbers.  
Water Meter Connection Lines Retrofit Program

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?

10/01/17

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?

10/01/17

33. List all required permits.

N/A

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?

10/01/19

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Coconut Creek Wynmoor Potable Water Line Retrofit;  
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. Coconut Creek Wynmoor Potable Water Line  
10 Retrofit is an Appropriations Project as defined in The Rules of  
11 The Florida House of Representatives and is described in  
12 Appropriations Project Request 718, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$500,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Coconut Creek  
17 Wynmoor Potable Water Line Retrofit as described in  
18 Appropriations Project Request 718.

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: Miami-Dade County C-100 Canal Outfalls Retrofit Drainage

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Kionne McGhee

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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					326,250	326,250

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: Alejandro Barrios
- b. Organization: Miami-Dade County Department of Transportation and Public Works
- c. Email: barria@miamidade.gov
- d. Phone #: (305)375-4772

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

- a. Name: Alejandro Barrios
- b. Organization: Miami-Dade County Department of Transportation and Public Works
- c. Email: barria@miamidade.gov
- d. Phone #: (305)375-4772

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: Miami-Dade County Department of Transportation and Public Wo
- 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 objective of this project is to restore the design discharge capacity to the storm water drainage systems connected to the outfalls and upgrade headwalls to include manatee protection grates.

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 project	326,250
TOTAL		326,250

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?

No

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 South Florida Water Management District, which manages the canal where the outfall pipes discharge to, has requested the damaged pipes and headwalls be retrofitted.

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.)	Roadways will not flood during storm events less than or equal to the 5-year 1-day event	Wet weather inspections
<input checked="" type="checkbox"/> Improve transportation conditions	Roadways will be passable during storm events less than or equal to the 5-year 1-day event	Wet weather inspections.
<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	Roadways will not flood during design storm events less than or equal to the 5-year 1-day event	Wet weather Inspections
<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:	326,250	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:	108,750	25.0%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>435,000</b>	<b>100%</b>	

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?

Miami-Dade Stormwater Utility

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?

100%

29. What is the estimated planning completion date?

05/30/2017

30. What is the status of design?

- a. Ready
- b. Not Ready

31. What percentage of design has been completed?

60%

32. What is the estimated design completion date?

04/30/2018

33. List all required permits.

Class III Permit- Miami-Dade County Department of Regulatory and Economic Resources, Right of Way Permit- South Florida Water Management District, Section 408 Review- U.S. Army Core 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?

11/30/2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Miami-Dade County C-100 Canal Outfalls Retrofit  
4           Drainage; 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. Miami-Dade County C-100 Canal Outfalls Retrofit  
10 Drainage is an Appropriations Project as defined in The Rules of  
11 The Florida House of Representatives and is described in  
12 Appropriations Project Request 1160, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$326,250 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Miami-Dade  
17 County C-100 Canal Outfalls Retrofit Drainage as described in  
18 Appropriations Project Request 1160.

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: North Lauderdale Lift Station #4, #8 and #17 Gravity Sewer Main and Lateral Lining
2. Date of Submission: 11/21/2017
3. House Member Sponsor: Barrington Russell  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
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? 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.

Standard described penalties

6. Requester:

- a. Name: George Krawczyk, P.E.
- b. Organization: City of North Lauderdale
- c. Email: gkrawczyk@nlauderdale.org
- d. Phone #: (954)724-7070

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

- a. Name: George Krawczyk, P.E.
- b. Organization: City of North Lauderdale
- c. Email: gkrawczyk@nlauderdale.org
- d. Phone #: (954)724-7070

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 North Lauderdale
- 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?

This request is to line the inside of the old clay sewer gravity mains and laterals throughout lift station basins #4, 8 and #17 that are 30-50 years old. Over time, the clay pipes have started to deteriorate and as a result ground water has been seeping into the pipes. Pipe lining would increase the structural integrity of the clay pipes and prevent the infiltration of groundwater into the main and lateral pipes. Once completed, the project would have a useful life of approximately 50 yrs.

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	Contractors provide report/video of completed work.	40,000
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	Payments to contractors for lining of the pipes.	960,000
<b>TOTAL</b>		<b>1,000,000</b>

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 was discussed at community workshops and regular meetings.

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 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	Reduced infiltration and inflow of groundwater into the old clay gravity mains.	Compare pump run times at lift station (LS) nos. 4, 8 and 14, before and after the gravity mains are lined. Video tapes of lined pipes will be provided by contractor.
<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:	1,000,000	66.7%	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:	500,000	33.3%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>1,500,000</b>	<b>100%</b>	

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 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?

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?

11/01/2017

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?

11/01/2017

33. List all required permits.

This is considered a repair and maintenance project, therefore no permits 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?

09/30/2019



HB 3405

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           North Lauderdale Lift Station #4, #8 and #17 Gravity  
4           Sewer Main and Lateral Lining; providing an  
5           appropriation; providing an effective date.

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

8  
9           Section 1. North Lauderdale Lift Station #4, #8 and #17  
10 Gravity Sewer Main and Lateral Lining is an Appropriations  
11 Project as defined in The Rules of The Florida House of  
12 Representatives and is described in Appropriations Project  
13 Request 1389, herein incorporated by 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 North  
17 Lauderdale Lift Station #4, #8 and #17 Gravity Sewer Main and  
18 Lateral Lining as described in Appropriations Project Request  
19 1389.

20           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: Frostproof Polk Regional Water Supply Development - Frostproof Water CIP Implementation

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? 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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					1,500,000	1,500,000

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.

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: Lee Evett
- b. Organization: City of Frostproof
- c. Email: levett@cityoffrostproof.com
- d. Phone #: (863)635-7855

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

- a. Name: Lee Evett
- b. Organization: City of Frostproof
- c. Email: levett@cityoffrostproof.com
- d. Phone #: (863)635-7855

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 Frostproof
- 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?

The entire project includes the water main, storage tank, disinfection and high service pumps to meet the needs in the aforementioned plan. The water main has been completed with 2014-15 funds, the tank is about to be constructed with 2016-17 and local funds. This request is for the remaining funds to complete the project for disinfection and high service pumps. The funding request will allow the city to complete the 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	Engineering & Construction	1,500,000
TOTAL		1,500,000

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:

Project included in the SWFWMD and Polk County Comprehensive Water Supply Plan of 2009. During Hurricane Irma, the city's water and sewer system never once failed to operate, never had a boil water order and never spilled a drop of wastewater. Without electricity, the city utility system never failed the community and was and is highly supported.

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 included in the SWFWMD, Heartland Region & Polk County Water Supply Plans.

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 checked="" type="checkbox"/> Improve physical health	continuous operation	lack of boil water orders
<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.)	lack of water borne illnesses	constant testing of treated water
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	new economic development requires clean water	new businesses who either come to Frostproof or seriously consider Frostproof
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	new construction jobs	counting new construction jobs
<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	quality of drinking water delivered to citizens	the City monitors water for various parameters including color, taste, smell, alkalinity and multiple constituents, including mercury and other metals.
<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:	1,500,000	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
<b>TOTAL</b>	<b>1,500,000</b>	<b>100%</b>	

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?

annually designated and budgeted utility funds



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?

100%

29. What is the estimated planning completion date?

complete

30. What is the status of design?

- a. Ready
- b. Not Ready

31. What percentage of design has been completed?  
20%
32. What is the estimated design completion date?  
03/31/2019
33. List all required permits.  
FDEP
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

HB 3423

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Frostproof Polk Regional Water Supply Development -  
4           Frostproof Water CIP Implementation; providing an  
5           appropriation; providing an effective date.

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

8  
9           Section 1. Frostproof Polk Regional Water Supply  
10 Development - Frostproof Water CIP Implementation is an  
11 Appropriations Project as defined in The Rules of The Florida  
12 House of Representatives and is described in Appropriations  
13 Project Request 328, herein incorporated by reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$1,500,000 from the General Revenue Fund is appropriated to  
16 the Department of Environmental Protection to fund the  
17 Frostproof Polk Regional Water Supply Development - Frostproof  
18 Water CIP Implementation as described in Appropriations Project  
19 Request 328.

20           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: Village of Pinecrest-Pinecrest Gardens Botanical Restoration
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Michael Bileca  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					635,000	635,000

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: Angela Gasca
- b. Organization: Village of Pinecrest
- c. Email: agasca@pinecrest-fl.gov
- d. Phone #: (305)234-2121

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

- a. Name: Angela Gasca
- b. Organization: Village of Pinecrest
- c. Email: agasca@pinecrest-fl.gov
- d. Phone #: (305)234-2121

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

- a. Name: Manny Reyes
- b. Firm: Gomez Barker Associates Inc.
- c. Email: fgomez@gomezbarker.com
- d. Phone #: (305)860-0780

9. Organization or Name of entity receiving funds:

- a. Name: Village of Pinecrest
- 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?

Pinecrest Gardens features over 1,000 varieties of rare and exotic tropical plants and palm trees in a native tropical hardwood and cypress setting. It is designated a historic property by Miami-Dade County and it is listed on the National Register of Historic Places. Funds will be used to replace the plants and trees lost due to Hurricane Irma.

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	Tree replacement: \$458,650 Plant replacement: \$176,350	635,000
<b>TOTAL</b>		<b>635,000</b>

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?

No

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?

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 checked="" type="checkbox"/> Enrich cultural experience	Pinecrest Gardens, South Florida's Cultural Arts Park, is one of the most significant cultural assets in South Florida and it is a beacon for the residents of the community serving as a model of excellence in preservation, civic engagement and community building for surrounding	Number of workshops, classes and tours of the botanical park.



	communities.	
<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	Pinecrest Gardens contains approximately 4.3 acres of native forested wetland. That portion of the natural area contains approximately 3.3 acres of tropical hardwood hammock and 1 acre of native cypress slough hammock (a remaining fragment of the largest cypress hammock south of Lake Okeechobee). The planted areas represent a wide variety of planting styles as well as botanical diversity and landscape architecture.	Restoration of 2,774 plants and 64 very large trees.
<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 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:	635,000	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
<b>TOTAL</b>	<b>635,000</b>	<b>100%</b>	

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

No

HB 3439

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Village of Pinecrest-Pinecrest Gardens Botanical  
4           Restoration; 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. Village of Pinecrest-Pinecrest Gardens  
10 Botanical Restoration is an Appropriations Project as defined in  
11 The Rules of The Florida House of Representatives and is  
12 described in Appropriations Project Request 1350, herein  
13 incorporated by reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$635,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Village of  
17 Pinecrest-Pinecrest Gardens Botanical Restoration as described  
18 in Appropriations Project Request 1350.

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: Riviera Beach Avenue H East and West - North of Blue Heron Stormwater
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Al Jacquet  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					3,263,318	3,263,318

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 expended outside the time frame of the contract shall not qualify for reimbursement.

6. Requester:

- a. Name: Karen Hoskins
- b. Organization: City of Riviera Beach
- c. Email: KHoskins@rivierabch.com
- d. Phone #: (561)845-4010

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

- a. Name: Terrence N. Bailey
- b. Organization: City Of Riviera Beach
- c. Email: TBailey@rivierabch.com
- d. Phone #: (561)845-4080

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

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

9. Organization or Name of entity receiving funds:

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

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 existing drainage system consists of multiple existing inlets collecting stormwater runoff from 56 acres discharging directly to the Lake Worth Lagoon, also known as the Intracoastal Waterway. The installation of exfiltration trench throughout the neighborhood was designed to reduce the peak flood stage and flood duration. A total of 3620 feet of exfiltration trench is being proposed which will provide additional storage and improve the water quality prior to discharge into the Intracoastal.

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 3,620 linear feet of exfiltration, drainage piping, and structures in conjunction with the road reconstruction project.	3,263,318
<b>TOTAL</b>		<b>3,263,318</b>

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:

In 2013 the City conducted a Pavement Evaluation and five-maintenance report. This document was utilized as a foundation for a 5year capital plan. This project capital budget has funded design and contemplates portions of funding for reconstruction of the roadways. At budget hearing and approvals the project was presented and approved by the public and City Council.

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 2013 the City's engineering consultant firm Stantec conducted a Pavement Evaluation and five-maintenance report documenting the condition and need for replacement of the roads in question.

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	Installation of exfiltration trench will lower freshwater discharge to the Lake Worth Lagoon as well as reduce nutrient loading of urban runoff to the lagoon aiding in stabilizing the existing ecosystem.	South Florida Water Management has standardized nutrient loading and total suspended solid reduction models for exfiltration trenches.
<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	Installation of exfiltration trench will lower freshwater discharge to the Lake Worth Lagoon as well as reduce nutrient loading of urban runoff to the lagoon aiding in stabilizing the existing ecosystem.	South Florida Water Management has standardized discharge reduction models for exfiltration trenches.
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Installation of exfiltration trench will lower freshwater discharge to the Lake Worth Lagoon as well as reduce nutrient loading of urban runoff to the lagoon aiding in stabilizing the existing ecosystem.	South Florida Water Management has standardized nutrient loading and total suspended solid reduction models for exfiltration trenches.
<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:	3,263,318	31.5%	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:	7,104,912	68.5%	Yes

5. Other:	0	0.0%	No
TOTAL	10,368,230	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?

Ad valorem tax funds and stormwater fee

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 Riviera Beach 5 year Capital Plan

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/-2/2016

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?

11/01/2017

33. List all required permits.

South Florida Water Management District - Department of Environmental Protection - Water/Wastewater installation

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?

04/01/2018

HB 3451

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Riviera Beach Avenue H East and West - North of Blue  
4           Heron Stormwater; 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. Riviera Beach Avenue H East and West - North of  
10 Blue Heron Stormwater is an Appropriations Project as defined in  
11 The Rules of The Florida House of Representatives and is  
12 described in Appropriations Project Request 1245, herein  
13 incorporated by reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$3,263,318 from the General Revenue Fund is appropriated to  
16 the Department of Environmental Protection to fund the Riviera  
17 Beach Avenue H East and West - North of Blue Heron Stormwater as  
18 described in Appropriations Project Request 1245.

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: DeSoto County Lake Suzy Wastewater Modifications
2. Date of Submission: 11/14/2017
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	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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <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		450,000	450,000

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.

De-obligation of State Funding for any reason beyond and Act of God or other unforeseeable catastrophic event.

6. Requester:

- a. Name: Mandy Hines
- b. Organization: DeSoto County Board of County Commissioners
- c. Email: m.hines@desotobocc.com
- d. Phone #: (863)993-4800

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

- a. Name: Mandy Hines
- b. Organization: DeSoto County Board of County Commissioners
- c. Email: m.hines@desotobocc.com
- d. Phone #: (863)993-4800

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

- a. Name: Laura Boehmer
- b. Firm: Southern Strategies
- c. Email: boemer@sostrategy.com
- d. Phone #: (727)686-0924

9. Organization or Name of entity receiving funds:

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

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?

Funds will be used to make final improvements to the County's wastewater system to provide the diversion of the heaviest residential wastewater flows on the system to the County's central wastewater treatment plant. This will allow the County to decommission a wastewater treatment facility that was acquired from the private sector. The plant to be decommissioned is in extreme disrepair and is a functional concern, especially in the event of an Act of God.

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/Renovation	450,000
<b>TOTAL</b>		<b>450,000</b>

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?

No

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:

Engineering Study

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	Safe and efficient disposal of residential sewage	Decommissioning and deconstruction of current area wastewater treatment plant
<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:	450,000	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
<b>TOTAL</b>	<b>450,000</b>	<b>100%</b>	

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?

Local County Utility Operating 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): Small Rural County; Utility currently has 23,000,000 of debt to include USDA Federal Debt and 4 sep

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.  
Capital Improvement Plan

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?

Done

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?

Done

33. List all required permits.

Local Electrical

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?

06/01/2019

HB 3471

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           DeSoto County Lake Suzy Wastewater Modifications;  
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. DeSoto County Lake Suzy Wastewater  
10 Modifications is an Appropriations Project as defined in The  
11 Rules of The Florida House of Representatives and is described  
12 in Appropriations Project Request 1162, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$450,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the DeSoto County  
17 Lake Suzy Wastewater Modifications as described in  
18 Appropriations Project Request 1162.

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 Green Street Stormwater Conveyance and Improvements
2. Date of Submission: 11/07/2017
3. House Member Sponsor: Charles Clemons  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					1,200,200	1,200,200

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 Vannassche
- b. Firm: CAS Governmental Services, LLC
- c. Email: casgovser@gmail.com / jim@magnoliastrategiesllc.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?

To address the life, health, and safety of its residents and visitors by enabling the City to combine with the Hardee County flow way that will assist in eliminating the flooding of homes & businesses, reducing loss of revenues & availability of needed merchandise, especially during major storm events. Project aides in the protection of State waters, including the Peace River Basin & Charlotte estuary areas & meets permitting agencies water quality/quantity requirements.

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	Contractual Administration Services	175,000
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	Contractual engineering, administration and construction services.	1,025,200
<b>TOTAL</b>		<b>1,200,200</b>

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?

Yes

16a. Please Describe:

BMP Technical Review

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 checked="" type="checkbox"/> Improve transportation conditions	Prevention of flooding of roadways and property damage	Protection of life, health, property; provide for safe roadways
<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	Reduction of flooding to homes & businesses; improved life, health & safety issues for residents & visitors; improved water quality & quantity;	Addresses permit requirements of SWFWMD & FDEP; reduction of contaminants entering Peace River Basin due to improved water quality & quantity obtained in stormwater

	protection of State waters	conveyance;
<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:	1,200,200	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
<b>TOTAL</b>	<b>1,200,200</b>	<b>100%</b>	

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?

General 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)
- 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.

Capital Improvement Plan - Page 10

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?

09/05/2017

30. What is the status of design?

- a. Ready
- b. Not Ready

31. What percentage of design has been completed?  
60%
32. What is the estimated design completion date?  
02/28/2018
33. List all required permits.  
DEP, SWFWMD
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 Green Street Stormwater Conveyance and  
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. Wauchula Green Street Stormwater Conveyance and  
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 283, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$1,200,200 from the General Revenue Fund is appropriated to  
16 the Department of Environmental Protection to fund the Wauchula  
17 Green Street Stormwater Conveyance and Improvements as described  
18 in Appropriations Project Request 283.

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: Midway Sewer Phase II
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? 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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					2,179,993	2,179,993

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.

Department has the right to suspend funds and demand a refund in whole or part for the project.

6. Requester:

- a. Name: Leslie Steele
- b. Organization: City of Midway
- c. Email: lsteele@midwayfl.com
- d. Phone #: (850)574-2355

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

- a. Name: Mike Murphy
- b. Organization: Mott MacDonald
- c. Email: mike.murphy@mottmac.com
- d. Phone #: (850)688-9840

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

- a. Name: Darrick McGhee
- b. Firm: Johnson & Blanton
- c. Email: darrick@teamjb.com
- d. Phone #: (850)321-6489

9. Organization or Name of entity receiving funds:

- a. Name: City of Midway
- 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 purpose of this funding is to eliminate septic tanks, thereby reducing the amount of nitrogen entering the groundwater and improving public health by reducing the number of bacteria entering surface water. The city received funding during the 2016-17 fiscal year for phase 1 of the project. This phase involves the design of a sewer system to provide sewer services to 35 homes in two subdivision, along the pump station.

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 construction of wastewater facility with an estimated cost of \$10 million which includes the \$2.1 million for the initial construction project. The entire project will be completed in phases for 5 housing subdivisions based on locations of repair and	2,179,993

	complaints on file with the health department.	
TOTAL		2,179,993

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:

Public meetings were held by the Midway City Council and Gadsden County Commissioners in support of the project. The Gadsden County Board of County Commission made this a top priority for the County in 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?

Yes

16a. Please Describe:

Hatch Mott MacDonald completed a Midway Sewer project Septic Tank Study in March 2015. The study concluded that the portion of the study area along I-10 should be sewerred as quickly as possible due to overwhelming evidence that the area is severly limited with respect of septic tanks and that public health threats exist and is expected to get worse.

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	Eliminate septic tanks and sewer systems, increase water quality.	Improvement in water quality for the City of Midway
<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	Eliminate septic tanks and sewer systems, increase water quality.	Improvement in water quality for the City of Midway
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Eliminate septic tanks and sewer systems, increase water quality.	Improvement in water quality for the City of Midway
<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	Eliminate septic tanks and sewer systems, increase water quality.	Improvement in water quality for the City of Midway
<input checked="" type="checkbox"/> Improve stormwater management	Eliminate septic tanks and sewer systems, increase water quality.	Improvement in water quality for the City of Midway
<input checked="" type="checkbox"/> Improve groundwater quality	Eliminate septic tanks and sewer systems, increase water quality.	Improvement in water quality for the City of Midway
<input checked="" type="checkbox"/> Improve drinking water quality	Eliminate septic tanks and sewer systems, increase water quality.	Improvement in water quality for the City of Midway
<input checked="" type="checkbox"/> Improve surface water quality	Eliminate septic tanks and sewer systems, increase water quality.	Improvement in water quality for the City of Midway
<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:	2,179,993	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
<b>TOTAL</b>	<b>2,179,993</b>	<b>100%</b>	

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?

Service fees

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.)

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?

03/31/2017

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?

03/31/2018

33. List all required permits.

Department of Transportation, Talquin Electric, Energy Transfer owner of natural gas line.

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?

12/31/2022

HB 3503

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Midway Sewer Phase II; providing an appropriation;  
4           providing an effective date.

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

7  
8           Section 1. Midway Sewer Phase II is an Appropriations  
9 Project as defined in The Rules of The Florida House of  
10 Representatives and is described in Appropriations Project  
11 Request 1127, herein incorporated by reference.

12           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
13 of \$2,179,993 from the General Revenue Fund is appropriated to  
14 the Department of Environmental Protection to fund the Midway  
15 Sewer Phase II as described in Appropriations Project Request  
16 1127.

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: Alachua County - Newnan's Lake Improvement Initiative Phase III
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Clovis Watson  
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	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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		250,000	250,000		470,000	470,000

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: Ken Cornell
- b. Organization: Alachua County Board of County Commissioners
- c. Email: kcornell@alachuacounty.us
- d. Phone #: (352)264-6900

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

- a. Name: Chris Bird
- b. Organization: Alachua County Environmental Protection Department
- c. Email: chris@alachuacounty.us
- d. Phone #: (352)264-6801

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

- a. Name: Tom Griffin
- b. Firm: Smith, Bryant, & Myers
- c. Email: tgriffin@smithbryanandmyers.com
- d. Phone #: (850)224-5081

9. Organization or Name of entity receiving funds:

- a. Name: Alachua County Government
- b. County (County where funds are to be expended): Alachua
- c. Service Area (Counties being served by the service(s) provided with funding): Alachua, Bradford, Clay, Columbia, Levy, Marion

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 work plans to implement the an expanded project to reduce external phosphorus loading from Little Hatchet Creek and Gum Root Swamp to Newnans Lake as this is a cost effective approach that should result in immediate reductions in phosphorus by the installation of a permeable reactive weir and treatment barrier to reduce nutrient loading. Additionally project work will identify the most cost effective restoration projects for Hatchet Creek, the largest tributary to the lake.

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 checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Assessment of phosphorus sources in the Hatchet Creek watershed (largest tributary to Newnans Lake) will be further evaluated and selected water quality improvement projects will be ranked by effectiveness and cost and proposed for implementation.	210,000



Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Construction of one permeable reactive weir (pilot project expansion) in Little Hatchet Creek to provide in-stream nutrient reduction. Providing a wetland flow treatment barrier for water discharging from Gum Root Swamp to further reduce nutrient loading to the lake. Treatment weirs and barriers will provide baseflow treatment using modular biosorptive-reactors constructed using gabions (wire mesh baskets lined with filter fabric) filled with adsorptive media.	260,000
<b>TOTAL</b>		<b>470,000</b>

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 County has support letters from the University of Florida Water Institute, University of Florida Institute of Food and Agricultural Sciences, Alachua Conservation Trust, and the City of Gainesville.

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:

Appropriations (2015/2016 and 2016/2017) were used to evaluate effective measures and costs to reduce nutrient pollution from Little Hatchet Creek and Hatchet Creek to Newnans Lake. Areas evaluated included legacy deep drainage ditches at the Gainesville Regional Airport that currently are prone to leaching significant nutrient stormwater pollution due to erosion of native phosphatic soils. A treatment weir will be installed to reduce phosphorus loading to the lake.

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	Cleaner Water	Monitoring/testing for nutrient reduction
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Cleaner Water	Monitoring/testing for nutrient reduction

<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	Cleaner water	Monitoring/testing for nutrient reduction
<input checked="" type="checkbox"/> Improve groundwater quality	Cleaner water	Monitoring/testing for nutrient reduction
<input checked="" type="checkbox"/> Improve drinking water quality	Cleaner water	Monitoring/testing for nutrient reduction
<input checked="" type="checkbox"/> Improve surface water quality	Cleaner water	Monitoring/testing for nutrient reduction
<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	470,000	100.0%	N/A

Project Request:			
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
<b>TOTAL</b>	<b>470,000</b>	<b>100%</b>	

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?

Local Stormwarning funding

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.

Orange Creek Basin Management Action Plan, 2016 project update

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?
- 12/31/19
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?
- 12/31/2018
33. List all required permits.
- SJWRMD Environmental Resource Permit, US Army COE
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

HB 3509

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Alachua County - Newnan's Lake Improvement Initiative  
4           Phase III; 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. Alachua County - Newnan's Lake Improvement  
10 Initiative Phase III is an Appropriations Project as defined in  
11 The Rules of The Florida House of Representatives and is  
12 described in Appropriations Project Request 776, herein  
13 incorporated by reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$470,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Alachua  
17 County - Newnan's Lake Improvement Initiative Phase III as  
18 described in Appropriations Project Request 776.

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: Deltona - Wellington Water Treatment Plant & Lombardy Water Treatment Plant Interconnect
2. Date of Submission: 11/14/2017
3. House Member Sponsor: David Santiago  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <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.

Performance- Completion of Planning, Design, and/or Construction within specified time.

6. Requester:

- a. Name: Matt Doan, P.E., Public Works Doan, P.E., Public Works
- b. Organization: City of Deltona
- c. Email: mdoan@deltonafl.gov
- d. Phone #: (386)878-8973

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

- a. Name: Matt Doan, P.E., Public Works Doan, P.E., Public Works
- b. Organization: City of Deltona
- c. Email: mdoan@deltonafl.gov
- d. Phone #: (386)878-8973

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

- a. Name: Georgia McKeown
- b. Firm: GA McKeown & Associates
- c. Email: Georgia@gamckeown.com
- d. Phone #: (904)303-1611

9. Organization or Name of entity receiving funds:

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

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 is to provide the citizens and customers a more reliable water system that is less likely to be impacted by power outages from hurricanes or other power disruptions.

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 new water main between the Wellington WTP and Lombardy WTP.	500,000
<b>TOTAL</b>		<b>500,000</b>

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:

Yes. This project is in the City's Capital Improvement Plan and is included in the current FY 17/18 approved budget. This project has been included in multiple documents presented at workshops to the City Commission and at City of Deltona Commission Budget Hearing Meetings

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:

An upsized pipeline between the WTPs was included in the City's Master Plan developed by a consultant.

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.)	Water pressure can drop if water systems are without power for extended periods of time. This can lead to contaminated water supplies which has been shown to cause illnesses in the public.	Reading the pressure and making sure it is maintained above 20 psi even with the local WTP out of service.
<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	Water pressure can drop if water systems are without power for extended periods of time. This can lead to contaminated water supplies which has been shown to cause illnesses in the public.	Reading the pressure and making sure it is maintained above 20 psi even with the local WTP out of service.
<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%	No
4. Local:	1,000,000	66.7%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>1,500,000</b>	<b>100%</b>	

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

No

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

City's Utility 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.  
City of Deltona Water Master Plan, Page 9-3

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?

August 1, 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?

12/31/2017

33. List all required permits.

Notice of Intent to Use the General Permit for Construction of Water Main Extensions for PWSs [DEP Form 62-555.900(7)] to the Volusia County Health Department (VCHD).

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?

07/31/2019



HB 3537

2018

1 A bill to be entitled  
2 An act relating to the Appropriations Project titled  
3 Deltona - Wellington Water Treatment Plant & Lombardy  
4 Water Treatment Plant Interconnect; providing an  
5 appropriation; providing an effective date.  
6

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

9 Section 1. Deltona - Wellington Water Treatment Plant &  
10 Lombardy Water Treatment Plant Interconnect is an Appropriations  
11 Project as defined in The Rules of The Florida House of  
12 Representatives and is described in Appropriations Project  
13 Request 896, herein incorporated by reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$500,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Deltona -  
17 Wellington Water Treatment Plant & Lombardy Water Treatment  
18 Plant Interconnect as described in Appropriations Project  
19 Request 896.

20 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: Charlotte County El Jobean Septic-to-Sewer Conversion
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? 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	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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <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		2,000,000	2,000,000

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.

N/A

6. Requester:

- a. Name: Emily Lewis
- b. Organization: Charlotte County Board of County Commissioners
- c. Email: Emily.Lewis@CharlotteCountyFL.gov
- d. Phone #: (941)743-1582

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

- a. Name: Travis Mortimer
- b. Organization: Charlotte County Utilities Department
- c. Email: Travis.Mortimer@CharlotteCountyFL.gov
- d. Phone #: (941)743-1287

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

- a. Name: Cari Roth
- b. Firm: Dean Mead
- c. Email: CRoth@DeanMead.com
- d. Phone #: (850)999-4100

9. Organization or Name of entity receiving funds:

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

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 improve the water quality of the impaired waters of Charlotte Harbor through the removal of on-site treatment disposal systems (OSTDS) and construction of central wastewater service to these properties. El Jobean is a densely populated coastal community comprised primarily of elderly, low-to-moderate income residents located on the Myakka River, a tributary to Charlotte Harbor which is listed as impaired by EPA under section 303(d) of the Clean Water Act.

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 will be used to design and construct the transmission lines required to provide centralized sewer to the El Jobean area.	2,000,000
<b>TOTAL</b>		<b>2,000,000</b>

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:

Between 1/10/2013-7/20/2016, Charlotte County held three (3) public presentations and one (1) public hearing to engage the El Jobean community in project planning for septic to sewer. The project is supported locally by the Charlotte Harbor National Estuary Program, the Florida Department of Environmental Protection, the Florida Department of Health and the fishing industry.

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 Charlotte Harbor National Estuary Program Comprehensive Conservation Plan (2013) and the Southwest Florida Regional Ecosystem Restoration Plan (2013) both have described the need to remove OSTDS (septic systems) from densely populated areas adjacent to Charlotte Harbor.

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	358 septic systems will be abandoned and connected to central sewer, which will lead to improved water quality in the impaired waters of the Myakka River and Charlotte Harbor	Outcome will be measured through pre- and post project monitoring of nutrients, bacteria and contaminants in storm water and surface water.
<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	358 septic systems will be abandoned and connected to central sewer, which will lead to improved water quality in the impaired waters of the Myakka River and Charlotte Harbor, reduction in septic effluent in stormwater and surface water	Outcome will be measured through pre- and post construction monitoring of nutrients, bacteria and contaminants in stormwater and surface water.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	358 septic systems will be abandoned and connected to central sewer, which will lead to improved water quality and reduction in human exposure to septic waste in stormwater and surface water	Outcome will be measured through pre- and post construction monitoring of nutrients, bacteria and contaminants in stormwater and surface water.
<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	Removal of 358 septic systems that will be connected to centralized sewer	Number of septic systems abandoned/removed and connections established to central sewer system
<input checked="" type="checkbox"/> Improve stormwater management	Reduction in septic waste in stormwater and surface waters and restoration of stormwater swales	Outcome will be measured through pre- and post construction monitoring of nutrients, bacteria and contaminants in stormwater and linear feet of swales restored.
<input checked="" type="checkbox"/> Improve groundwater quality	Reduction of nutrients, bacteria and contaminants from septic systems entering the groundwater	Outcome will be measured through pre- and post construction monitoring of nutrients and contaminants in groundwater.
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Reduction in septic waste in stormwater and surface waters and restoration of stormwater swales	Outcome will be measured through pre- and post project monitoring of nutrients and contaminants in storm water and surface water and linear feet of swales restored.
<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	24.7%	N/A
2. Federal:	900,000	11.1%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	500,000	6.2%	Yes
4. Local:	4,696,227	58.0%	No
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>8,096,227</b>	<b>100%</b>	

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?

Ongoing operating funds will come in the form of user fees for service

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.

Charlotte Harbor National Estuary Program Comprehensive Conservation Plan, 2013, pages 74, 84, 100 and 146, Charlotte County Water Quality Assessment, 2016, Pages: ii, 18, 20, 22-27, 29-30, 33-35, 47, 48, Charlotte County 2016-2017 Capital Improvements Program, Pages: TOC-5, C-32, C-43, W-36, Appendix I

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?

60%

29. What is the estimated planning completion date?

December 31, 2017

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?

July 1, 2018

33. List all required permits.

FDEP, SWFWMD

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?

June 30, 2019

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Charlotte County El Jobean Septic-to-Sewer Conversion;  
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. Charlotte County El Jobean Septic-to-Sewer  
10 Conversion is an Appropriations Project as defined in The Rules  
11 of The Florida House of Representatives and is described in  
12 Appropriations Project Request 767, 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 Charlotte  
17 County El Jobean Septic-to-Sewer Conversion as described in  
18 Appropriations Project Request 767.

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: Punta Gorda Boca Grande Area Stormwater Drainage Improvements
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 <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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
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.

The funds will be reallocated

6. Requester:

- a. Name: Mark Gering
- b. Organization: City of Punta Gorda
- c. Email: MGering@ci.punta-gorda.fl.us
- d. Phone #: (941)575-5030

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

- a. Name: Mark Gering
- b. Organization: City of Punta Gorda
- c. Email: MGering@ci.punta-gorda.fl.us
- d. Phone #: (941)575-5030

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

- a. Name: Jerry Paul
- b. Firm: Capitol Access Florida
- c. Email: jpaul@capitolenergy.net
- d. Phone #: (850)386-5267

9. Organization or Name of entity receiving funds:

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

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 provide drainage improvements for the Boca Grande neighborhood in the City of Punta Gorda. Additionally, stormwater treatment will be provided in an area which currently does not have any treatment.

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	Cost of construction including infrastructure, purchase of land, and engineering design services. Requesting \$1,000,000 from Legislative Appropriation.	1,000,000
<b>TOTAL</b>		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)

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:

There have been several letters of complaint from residents requesting improvements within the neighborhood. A city council meeting was also held.

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:

Kimley-Horn prepared a study with design alternatives in order to determine the design for the drainage and water quality improvements.

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	The project will improve fish and wildlife quality through the reduction on Nitrogen and Phosphorus entering Alligator Creek and Charlotte Harbor downstream of the project.	Monitoring will be completed for one year after the completion of the project to measure the success. Nitrogen and phosphorus levels leaving the pond will be measured to determine the water quality leaving the system.
<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	The improved drainage will allow for additional residential development within the neighborhood.	The construction of new homes after project completion will signify benefit to the community.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	The project will create construction work within the county.	The funds spent on construction will be money distributed to workers and put into the local economy.
<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	Two wet detention areas and associated stormwater pipes are proposed for the project in order to more effectively drain the neighborhood as well as provide additional storage.	Success of improved stormwater management will be determined based on reduced drainage times for the neighborhood after storm events.
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	A littoral zone will be established in the proposed wet detention area for the project. The littoral zone will create a BMP treatment train and will assist in nutrient removal through a variety of processes related to nutrient uptake, transformation, and microbial activities. The proposed detention area will reduce nitrogen and phosphorus in surface water draining from the neighborhood.	Monitoring will be completed for one year after the completion of the project to measure the success. Nitrogen and phosphorus levels leaving the pond will be measured to determine the water quality leaving the system.
<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	19.2%	N/A

2. Federal:	52,500	1.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	1,000,000	19.2%	No
4. Local:	1,045,500	20.1%	Yes
5. Other:	2,098,000	40.4%	No
<b>TOTAL</b>	<b>5,196,000</b>	<b>100%</b>	

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?

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): 319(h) DEP Grant, TMDL DEP Grant too
- 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?

February 1, 2017

30. What is the status of design?

a. Ready

b. Not Ready

31. What percentage of design has been completed?

60%

32. What is the estimated design completion date?

December 31, 2017

33. List all required permits.

General Permit for Southwest Florida Water Management District

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?  
December 31, 2018

HB 3591

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Punta Gorda Boca Grande Area Stormwater Drainage  
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. Punta Gorda Boca Grande Area Stormwater  
10 Drainage Improvements is an Appropriations Project as defined in  
11 The Rules of The Florida House of Representatives and is  
12 described in Appropriations Project Request 720, herein  
13 incorporated by 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 Punta  
17 Gorda Boca Grande Area Stormwater Drainage Improvements as  
18 described in Appropriations Project Request 720.

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: Miami-Dade County Extending Sewers to Replace Septic Tanks
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Cynthia Stafford  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <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? 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.

## Withholding funds

### 6. Requester:

- a. Name: Lester Sola, Director
- b. Organization: Miami-Dade County Water and Sewer Department
- c. Email: Lester.Sola@miamidade.gov
- d. Phone #: (786)552-8200

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

- a. Name: Douglas Yoder, Deputy Director
- b. Organization: Miami-Dade Water and Sewer Department
- c. Email: Douglas.Yoder@miamidade.gov
- d. Phone #: (786)522-8979

### 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: Miami-Dade County
- 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?

To replace septic tank service, particularly in commercial and industrial areas, by extending sewer lines. This will improve ground water quality, the primary source of drinking water in the County, while relieving businesses of current use restrictions that apply to commercial and industrial properties served by septic tanks. More than 36,000 septic tanks currently exist within the service area of Miami-Dade Water and Sewer. Revenues from existing customers cannot be used to extend service.

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	Design and construction of sewer line extensions	2,500,000
<b>TOTAL</b>		<b>2,500,000</b>

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 Board of County Commissioners has authorized the use of \$126 million to extend sewers to commercial areas, with emphasis on economically challenged areas. This is reflected in the County Capital Plan that went into effect October 1, 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?

Yes

16a. Please Describe:

A consultant study by Black and Veatch of commercial areas that can be feasibly connected to the sewer collection system was made, including preliminary cost estimates. The areas were prioritized in terms of likelihood of stimulating economic growth in the community.

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 checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Improved water quality in adjacent surface waters	Water quality monitoring
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Improved ground water quality	Ground water quality monitoring
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Increase in commercial uses permitted on properties receiving service	Number of properties receiving these increased uses
<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	Sanitary wastes redirected from septic tanks to the sewer system	Gallons per day of flows diverted from septic tanks to sewer 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): Most commercial areas lacking sewers are older, inner city areas.		

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	1.9%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	126,000,000	98.1%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>128,500,000</b>	<b>100%</b>	

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?

Rate revenues from water and sewer customers

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.

Miami-Dade Water and Sewer Department Multi-Year Capital Plan, p. 255-256

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?

10/01/2017

30. What is the status of design?

- a. Ready
- b. Not Ready

31. What percentage of design has been completed?

5

32. What is the estimated design completion date?

10/01/2017

33. List all required permits.

Sewer main extension permits; public works permits

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?

09/30/2028

HB 3689

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Miami-Dade County Extending Sewers to Replace Septic  
4           Tanks; 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. Miami-Dade County Extending Sewers to Replace  
10 Septic Tanks is an Appropriations Project as defined in The  
11 Rules of The Florida House of Representatives and is described  
12 in Appropriations Project Request 1272, herein incorporated by  
13 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 Miami-  
17 Dade County Extending Sewers to Replace Septic Tanks as  
18 described in Appropriations Project Request 1272.

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. Joseph Peninsula Beach Restoration and Preservation of Cape San Blas Rd.
2. Date of Submission: 10/31/2017
3. House Member Sponsor: Halsey Beshears  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					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? Yes
  - 5a. If yes, which state agency? Department of Environmental Protection
  - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
  - 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.  
Liquidation Damages Per Day Beyond Contract Date

6. Requester:

- a. Name: Ward McDaniel
- b. Organization: Gulf County Board of County Commissioners
- c. Email: bocc@gulfcounty-fl.gov
- d. Phone #: (850)229-6106

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

- a. Name: Warren Yeager
- b. Organization: Gulf County Board of County Commissioners
- c. Email: wyeager@gulfcounty-fl.gov
- d. Phone #: (850)229-6106

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

- a. Name: Chris Dawson
- b. Firm: Gray Robinson
- c. Email: chris.dawson@gray.robinson.com
- d. Phone #: (850)449-0066

9. Organization or Name of entity receiving funds:

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

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?

Re-nourishment of 5.18 miles of Gulf of Mexico Beach and placement of underwater structures to extend life of beach.

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	Contractor to re-nourish 5.18 miles of gulf front beaches per engineered design and FDEP ACOE permits.	3,000,000
TOTAL		3,000,000

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?

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:

Municiple Service Tax Unit was voted by the residents of area. BOCC advertised public hearings and conducted public hearings on issue.

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:

Design engineer provided necessary beach profile to be accomplished and permitting agencies (FDEP & ACOE) permitted the planned work.

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?

Re-nourishment of 5.18 miles of beachfront on Gulf of Mexico and placement of underwater structures and t-groins.

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

Availability of beachfront for recreation, habitat for endangered species and protection of homes landward of beach.

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 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	Provision of habitat for birds/ turtles and other threatened and environmentally endangered species.	Documents number of nesting birds, turtles and other species that occupies nourished beach compared to historical data.
<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	Attract tourists to visit and enjoy beachfront.	Compare number of rentals after nourishment to pre-nourishment data.
<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:	3,000,000	21.7%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	2,800,000	20.3%	Yes
4. Local:	8,000,000	58.0%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>13,800,000</b>	<b>100%</b>	

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

No

HB 3715

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           St. Joseph Peninsula Beach Restoration and  
4           Preservation of Cape San Blas Rd.; providing an  
5           appropriation; providing an effective date.

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

8  
9           Section 1. St. Joseph Peninsula Beach Restoration and  
10 Preservation of Cape San Blas Rd. is an Appropriations Project  
11 as defined in The Rules of The Florida House of Representatives  
12 and is described in Appropriations Project Request 184, herein  
13 incorporated by 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 St.  
17 Joseph Peninsula Beach Restoration and Preservation of Cape San  
18 Blas Rd. as described in Appropriations Project Request 184.

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: Tallahassee Water Tower
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Halsey Beshears  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					1,250,000	1,250,000

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: Dustim Daniels
- b. Organization: City of Tallahassee
- c. Email: dustin.daniels@talgov.com
- d. Phone #: (850)891-2083

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

- a. Name: Blas Gomez
- b. Organization: City of Tallahassee
- c. Email: blas.gomez@talgov.com
- d. Phone #: (850)891-6862

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 #: (850)224-3427

9. Organization or Name of entity receiving funds:

- a. Name: City of Tallahassee
- 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?

The purpose of this project is to design and construct a new elevated water storage tank for the NW region of Tallahassee that will be optimally located, appropriately sized and provide redundancy in the system should the power be lost (during hurricanes and other emergency events) at the wells that supply the Northwest region of Tallahassee. The new tank will allow the City to maintain system pressure and fire flow capability for approximately 15,000 customers until power can be restored.

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	Design and construct an elevated water storage tank in NW Tallahassee	1,250,000
TOTAL		1,250,000

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?

No

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:

Multiple water supply studies by specialized consultants

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.)	Continuation of water service and maintenance of pressure and fire flow capabilities in the area.	SCADA and continuous flow pressure monitoring
<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:	1,250,000	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:	1,250,000	50.0%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>2,500,000</b>	<b>100%</b>	

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

No

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

City of Tallahassee Utility Revenue

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 Tallahassee Master 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?

- 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?

5/15/17

30. What is the status of design?

- a. Ready
- b. Not Ready

31. What percentage of design has been completed?

25%

32. What is the estimated design completion date?

6/30/18

33. List all required permits.  
FDEP, NFWFMD, City of Tallahassee Growth Management
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?  
6/3019

HB 3723

2018

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

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

7  
8           Section 1. Tallahassee Water Tower is an Appropriations  
9 Project as defined in The Rules of The Florida House of  
10 Representatives and is described in Appropriations Project  
11 Request 1017, herein incorporated by reference.

12           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
13 of \$1,250,000 from the General Revenue Fund is appropriated to  
14 the Department of Environmental Protection to fund the  
15 Tallahassee Water Tower as described in Appropriations Project  
16 Request 1017.

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: Southwest Ranches - SW 164th Terrace & SW 202 Avenue Drainage Improvements

2. Date of Submission: 11/01/2017

3. House Member Sponsor: Evan Jenne

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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					400,000	400,000

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.

De-obligation of funding.

6. Requester:

- a. Name: Andrew D. Berns
- b. Organization: Town of Southwest Ranches
- c. Email: aberns@swranches.org
- d. Phone #: (954)434-0008

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

- a. Name: Emily Aceti
- b. Organization: Town of Southwest Ranches
- c. Email: eaceti@swranches.org
- d. Phone #: (954)343-7453

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

- a. Name: Nelson Diaz
- b. Firm: Southern Strategy Group
- c. Email: diaz@sostrategy.com
- d. Phone #: (305)421-6304

9. Organization or Name of entity receiving funds:

- a. Name: Town of Southwest Ranches
- 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 project will remove flood waters from roadways in the heavily traveled area of Southwest Ranches. It will provide critical drainage capacity for storm-water runoff, thereby reducing roadway flooding and the frequency of property damage and personal injury to motorists and pedestrians.

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	Excavation, construction of storm drainage pipe, construction of concrete catch basins and inlets with grates, grading, filling and street repair and repaving, and installation of swales and grass sodding.	400,000
<b>TOTAL</b>		<b>400,000</b>

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:

This project is supported by the South Broward Drainage District and the Central Broward Water Control District. It has been approved and prioritized by the Town's Drainage and Infrastructure Advisory Board.

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 Town has a comprehensive drainage project in our Capital Improvement Element, which is shown on the Town's Tertiary Drainage Plan (TDP), and has been prioritized by the Drainage and Infrastructure Advisory Board. This comprehensive project is also supported by two jurisdictional 298 Drainage Districts.

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	Increase water quality by reducing the levels of nutrient loads (both Total Phosphorus and Nitrogen)	Water Quality testing
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Remove flood waters from roadways. Reduce flood stages and durations.	Basin capacity reports
<input checked="" type="checkbox"/> Improve transportation conditions	Remove flood waters from roadways. Reduce flood stages and durations.	Basin capacity reports
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	The Town will hire surveyors, engineers, construction firms, and inspectors to complete the work.	Number of jobs created.
<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	Remove flood waters from roadways. Reduce flood stages and durations.	Basin capacity reports
<input checked="" type="checkbox"/> Improve groundwater quality	Best Management Practices for the pretreatment of stormwater runoff before entering the aquifer	Water Quality Testing
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Best Management Practices for the pretreatment of stormwater runoff	Water Quality testing
<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:	400,000	80.0%	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:	100,000	20.0%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>500,000</b>	<b>100%</b>	

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's Adopted Transportation Budget - 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?

Yes

24a. If Yes, insert plan name and cite page numbers.

Comprehensive Land Use Plan (Page 111) and the Town's Tertiary Drainage Plan (TPD)

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?

10/10/2017

30. What is the status of design?

a. Ready

b. Not Ready

31. What percentage of design has been completed?

25%

32. What is the estimated design completion date?

6/1/2018

33. List all required permits.

South Broward Drainage District; Central Broward Water Control District; Broward County; South Florida Water Management District

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?

3/1/2019

HB 3803

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Southwest Ranches - SW 164th Terrace & SW 202 Avenue  
4           Drainage Improvements; 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. Southwest Ranches - SW 164th Terrace & SW 202  
10 Avenue Drainage Improvements is an Appropriations Project as  
11 defined in The Rules of The Florida House of Representatives and  
12 is described in Appropriations Project Request 199, herein  
13 incorporated by reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$400,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Southwest  
17 Ranches - SW 164th Terrace & SW 202 Avenue Drainage Improvements  
18 as described in Appropriations Project Request 199.

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: Hollywood Design of New Disposal Facilities for Southern Regional WWTP Ocean Outfall Closure
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Evan Jenne  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <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.

City can submit annual progress report on the design project. FDEP could reassess the grant and provide input to the project.

6. Requester:

- a. Name: Steve Jospheh, P.E.
- b. Organization: City of Hollywood, Department of Public Utilities
- c. Email: sjoseph@hollywoodfl.org
- d. Phone #: (954)967-4455

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

- a. Name: Steve Jospheh, P.E.
- b. Organization: City of Hollywood, Department of Public Utilities
- c. Email: sjoseph@hollywoodfl.org
- d. Phone #: (954)967-4455

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

- a. Name: Jason Unger
- b. Firm: GrayRobinson, P.A.
- c. Email: jason.unger@gray-robinson.com
- d. Phone #: (850)577-9090

9. Organization or Name of entity receiving funds:

- a. Name: City of Hollywood
- 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?

Funds will be used to design new disposal facilities for the Southern Regional Wastewater Treatment Plant Ocean Outfall Closure. The Ocean Outfall Closure is mandated by Legislation. The project will consist of the design of proposed additional injection wells, filters, transfer pump station, injection well pump station and other process improvements to meet new disposal requirements. The design is projected to begin in 2018. The City already spent \$3,073,000 on a pilot study.

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 project will consist of design of proposed additional injection wells, filters, transfer pump station, injection well pump station and other process improvements to meet nutrient reduction, and reuse expansion	500,000

	criteria.	
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:

This project is the result of the legislative mandate to close the Ocean Outfall before 2025.

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:

City of Hollywood Wastewater Master 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	The Ocean Outfall Closure project will eliminate the wastewater secondary effluent disposal to the ocean. It will reduce nutrient loads to the ocean environment.	The total outfall nutrient (total nitrogen and total phosphorous) discharges are monitored, calculated and reported to FDEP yearly.
<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	The project will improve local economy through attracting additional tourists, hiring construction workers related to the project, etc.	Annual tax income to the City could be reported.
<input checked="" type="checkbox"/> Increase tourism	The Ocean Outfall Closure project will eliminate the wastewater secondary effluent disposal to the ocean. It will improve tourism to the Hollywood Beach.	The annual report on population of tourist visiting will be reported.
<input checked="" type="checkbox"/> Create specific immediate job opportunities	The project will create job opportunities related to the construction.	Predicted job created could be reported.

<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:	500,000	25.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	1,500,000	75.0%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>2,000,000</b>	<b>100%</b>	

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 & Sewer 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)
- 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 Hollywood Wastewater Master Plan, Section 10, Ocean Outfall Rule Change

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?

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?

12/31/2021

33. List all required permits.

Florida Department of Environmental Protection, Broward County, and City of Hollywood Building Department

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?

12/31/2025



1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Hollywood Design of New Disposal Facilities for  
4           Southern Regional WWTP Ocean Outfall Closure;  
5           providing an appropriation; providing an effective  
6           date.

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

9  
10           Section 1. Hollywood Design of New Disposal Facilities for  
11 Southern Regional WWTP Ocean Outfall Closure is an  
12 Appropriations Project as defined in The Rules of The Florida  
13 House of Representatives and is described in Appropriations  
14 Project Request 787, herein incorporated by reference.

15           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
16 of \$500,000 from the General Revenue Fund is appropriated to the  
17 Department of Environmental Protection to fund the Hollywood  
18 Design of New Disposal Facilities for Southern Regional WWTP  
19 Ocean Outfall Closure as described in Appropriations Project  
20 Request 787.

21           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: Dania Beach Melaleuca Gardens Water Main
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Evan Jenne  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					153,389	153,389

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.

Reimbursement of funds allocated.

6. Requester:

- a. Name: Robert Bladwin
- b. Organization: City Manager, Dania Beach
- c. Email: rbaldwin@ci.dania-beach.fl.us.
- d. Phone #: (954)924-6800

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

- a. Name: Colin Donnelly
- b. Organization: City of Dania Beach
- c. Email: cdonnelly@daniabeachfl.gov
- d. Phone #: (305)935-1866

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

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

9. Organization or Name of entity receiving funds:

- a. Name: City of Dania Beach
- 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?

Increased water pressure and improve fire fighting capabilities in the Melaleuca Gardens Neighborhood.

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	Installation of 1700 linear feet of new 12 inch water main.	153,389
<b>TOTAL</b>		<b>153,389</b>

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:

Approved by the City of Dania Beach FY 2016-17 Budget, including two public hearings.

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:

Flow test completed on the area fire hydrants.

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.)	fire hydrants in the neighborhood will be flow tested for increased water pressure and to meet safety measures for fire response.	Flow meters will be used to measure hydrant water flow.
<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:	153,389	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:	153,389	50.0%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>306,778</b>	<b>100%</b>	

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?

Existing water utility fee.

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.

Dania Beach Utilities 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?

- 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?

10/31/2016

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?

10/31/2017

33. List all required permits.

State of Florida Department of Health (Broward)

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?

6/40/2018

HB 3809

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Dania Beach Melaleuca Gardens Water Main; 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. Dania Beach Melaleuca Gardens Water Main 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 947, herein incorporated by reference.

12           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
13 of \$153,389 from the General Revenue Fund is appropriated to the  
14 Department of Environmental Protection to fund the Dania Beach  
15 Melaleuca Gardens Water Main as described in Appropriations  
16 Project Request 947.

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: 2019 Miami International Agriculture, Horse & Cattle Show
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Michael Bileca  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		98,850	98,850		98,850	98,850

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.

N/A as the requested funding is for the marketing and promotion of the 2019 Miami International Agriculture, Horse and Cattle Show.

6. Requester:

- a. Name: Javier Souto
- b. Organization: Miami-Dade County
- c. Email: district10@miamidade.gov
- d. Phone #: (305)375-4835

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

- a. Name: Aldo Gonzalez
- b. Organization: Miami-Dade County
- c. Email: Aldo.Gonzalez@miamidade.gov
- d. Phone #: (305)375-4825

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: Miami-Dade County
- 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?

Marketing and promotion of the 2019 Miami International Agriculture, Horse & Cattle Show, which will attract agri-business enterprises, businessmen and visitors from Latin America, the Caribbean, Europe, and the United States and which will showcase, promote and support the agricultural side of Florida.

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 checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	The requested funds will be used for the marketing and promotion of the 2019 Miami International Agriculture, Horse and Cattle Show.	98,850
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>98,850</b>

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:

The Miami-Dade Board of County Commissioners has adopted resolutions seeking state funding for the marketing and promotion of the Miami International Agriculture, Horse and Cattle Show, specifically Resolution No. R-953-13 on November 19, 2013, Resolution No. R-73-17 on January 24, 2017, and most recently a resolution on November 7, 2017, a copy of which is attached hereto.

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?

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 checked="" type="checkbox"/> Improve agricultural production/promotion/education	The Miami International Agriculture, Horse & Cattle Show showcases the agricultural side of Miami-Dade County and Florida at large by	Measure sales and development of new business relationships resulting from contacts made at the show, and document the agricultural products,



	showcasing the latest products, services and technologies from the Agriculture & Forestry industry including top quality dairy cattle and other premium cattle, trade stands and cattle farmers. The event also attracts agri-business enterprises from Latin America, the Caribbean, and Europe, along with businessmen and visitors from throughout the United States.	services and technologies showcased at the event.
<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	The Miami International Agriculture, Horse & Cattle Show annually draws over 60,000 visitors, which will boost economic activity in the surrounding area via increased revenues for local businesses including restaurants, hotels, ground transportation and retail stores.	Measure gross revenues of local businesses during the time-frame of the event as compared to average
<input checked="" type="checkbox"/> Increase tourism	The Miami International Agriculture, Horse & Cattle Show annually draws over 60,000 visitors, with representatives from over 24 countries including Argentina, Brazil, Guatemala, and Panama, and cattle	Record the number of visitors attending the Miami International Agriculture, Horse & Cattle Show and the number of different countries and states from which they hail

	breeders from over 18 states including Florida, Georgia, Texas, Arizona, Arkansas and Missouri.	
<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:	98,850	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	98,850	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           2019 Miami International Agriculture, Horse & Cattle  
4           Show; 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. 2019 Miami International Agriculture, Horse &  
10 Cattle Show is an Appropriations Project as defined in The Rules  
11 of The Florida House of Representatives and is described in  
12 Appropriations Project Request 1147, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$98,850 from the General Revenue Fund is appropriated to the  
16 Department of Agriculture and Consumer Services to fund the 2019  
17 Miami International Agriculture, Horse & Cattle Show as  
18 described in Appropriations Project Request 1147.

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: Pinellas County Lake Seminole Sediment Removal and Restoration Project

2. Date of Submission: 11/10/2017

3. House Member Sponsor: Larry Ahern

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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					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? 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 liquidated damages in the contract for failure to meet contractual obligations is \$1,088 per calendar day the contractor goes beyond the approved timeline. Further the County requires a performance bond for the entire cost (100%) of the project.

6. Requester:

- a. Name: Kelli Levy
- b. Organization: Pinellas County Board of County Commissioners
- c. Email: klevy@pinellascounty.org
- d. Phone #: (727)464-3317

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

- a. Name: Kelli Levy
- b. Organization: Pinellas County Board of County Commissioners
- c. Email: klevy@pinellascounty.org
- d. Phone #: (727)464-3317

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

- a. Name: Martha Edenfield
- b. Firm: Dean Mead Law Firm
- c. Email: MEdenfield@deanmead.com
- d. Phone #: (850)999-4100

9. Organization or Name of entity receiving funds:

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

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 main goal of this project is to hydraulically dredge, dewater, and beneficially reuse 903,500 cubic yards of accumulated organic sediments from the lake bottom that are causing water quality degradation. The ecological goals of the project are to improve water quality, fisheries habitat, and the overall health of the lake and the Boca Ciega Bay and Tampa Bay estuaries downstream.

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 will be utilized to implement the project consisting of dredging the problematic, organic sediments that contribute to water quality violations, dewatering the material, disposal of the dredged	3,000,000



	material, and site restoration. The project is shovel ready (designed, permitted, bid, and contracted).	
TOTAL		3,000,000

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:

This project has been approved by the Pinellas County Board of County Commissioners, the Southwest Florida Water Management District, the Florida Department of Environmental Protection (Reasonable Assurance Plan), the City of Seminole, and garners strong support from the community at large. We have held public meetings. Project is adopted in the County's Capital Improvement Program and an executed cooperative agreement with SWFWMD. We have supporting correspondence from the City of Seminole.

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:

Schelske, Claire (1991) Lake Seminole Sediment Characterization and Analysis, University of Florida. Documented internal nutrient loads from sediments.

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	1. Reduced and/or elimination of blue-green algae blooms. 2. Improved water quality 3. Improved aquatic habitats	Pinellas County monitors water quality, algae, and habitat communities routinely and will continue which offers the ability to demonstrate conditions before, during, and after project completion.
<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	Lake Seminole historically was a destination lake for bass fishing tournaments and supported several water dependent businesses. Due to the decline in water quality and	Document fishing activity on the lake and number of events held and water dependent business growth.

	fisheries, there have been no tournaments in over 15 years and only one of the water dependent businesses remains.	
<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	The lake contributes an estimated 5.9 tons of Total Nitrogen annually into the receiving water-bodies (Long Bayou and Boca Ciega Bay). This would reduce annual loads to Long Bayou and Boca Ciega Bay by an estimated 56%.	Portions of dredge organic sediments will be tested to determine actual nutrient (phosphorus and nitrogen) removal and a post-project nutrient flux study will be completed to compare to the pre-project results.
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	The removal of the organic sediments, based on pre-construction sediment sampling, is expected to eliminate 54 tons of Total Phosphorus and 311 tons of Total Nitrogen from the lake proper and reduce nitrogen loads to downstream	Water quality monitoring has been conducted on the lake since 1991 and that monitoring will continue to assess progress. Portions of dredge organic sediments will be tested to determine actual nutrient (phosphorus and nitrogen) removal

	waters as well.	and a post-project nutrient flux study will be completed to compare to the pre-project results.
<input checked="" type="checkbox"/> Other (Please describe): Improved fisheries	As water quality and associated habitats improve native fish such as large mouth bass, crappie, and others are more likely to flourish versus non-native fish such as tilapia, etc.	FWCC conducts fisheries assessments on the lake and this data will be used to compare species diversity before and after the project.

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	33.3%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	3,000,000	33.3%	Yes
4. Local:	3,000,000	33.3%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>9,000,000</b>	<b>100%</b>	

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?

Ad valorem, stormwater fee, gas tax

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
  - 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.

Lake Seminole Watershed Management Plan (2001)- Pages 4-30 to 4-34

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?

5/31/2013

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?

6/1/2016

33. List all required permits.

Florida Department of Environmental Management Environmental Resource Permit, Army Corps of Engineers-Nationwide Permit (NWP)  
Number 27

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?

12/31/2023

HB 3833

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Pinellas County Lake Seminole Sediment Removal and  
4           Restoration Project; 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. Pinellas County Lake Seminole Sediment Removal  
10 and Restoration Project is an Appropriations Project as defined  
11 in The Rules of The Florida House of Representatives and is  
12 described in Appropriations Project Request 490, herein  
13 incorporated by 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 Pinellas  
17 County Lake Seminole Sediment Removal and Restoration Project as  
18 described in Appropriations Project Request 490.

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: Boynton Beach - Alternative Reclaimed Water Supply Project
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Emily Slosberg  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					250,000	250,000

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 will forfeit the funds and repay the State

6. Requester:

- a. Name: Joe Paterniti, P.E.
- b. Organization: City of Boynton Beach
- c. Email: Paternitij@bbfl.us
- d. Phone #: (561)742-6423

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

- a. Name: Joe Paterniti, P.E.
- b. Organization: City of Boynton Beach
- c. Email: Paternitij@bbfl.us
- d. Phone #: (561)742-6423

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

- a. Name: Mat Forest
- b. Firm: Ballard Partners
- c. Email: Mat@ballardfl.com
- d. Phone #: (561)253-3232

9. Organization or Name of entity receiving funds:

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

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 develop and evaluate a project that will allow indirect withdrawals and treatment of canal water released from the Everglades Water Conservation Areas (WCAs) to provide additional reclaimed water during the peak irrigation demand while reducing the amount of canal water and nutrients sent to tide and reduce the potential for coastal algae blooms.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	No	0
<input checked="" type="checkbox"/> b. Other Salary and Benefits	No	0
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	No	0
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	No	0
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	No	0
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	No	0
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	No	0
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Construction of water supply well adjacent to drainage/water quality canal, site work, water processing equipment and pumps.	250,000
<b>TOTAL</b>		<b>250,000</b>

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 S. Florida Water Management District (SFWMD) encourages the use of reclaimed wastewater for Irrigation to reduce the demand for potable drinking water. This approach has been well documented through SFWMD Lower East Coast Water Supply Plan

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 checked="" type="checkbox"/> Improve quality of education	Proved an example of the use of innovative technology to make better use of our natural resources	Provide tours of facility to explain how the system work and the benefits it provides
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Allow indirect withdrawals of canal water released from Everglades Water Conservation Areas (WCAs) to provide additional reclaimed water during the peak demand while reducing the amount of water and nutrients sent to tide and reduce the potential for coastal algae blooms.	Monitor the quantity and quality of water processed through the proposed system.
<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	Reduces the demand for drinking water supply for irrigation	Reduces the per capita demand for treated water
<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	Supplement reclaimed water usage to areas where needed, reducing the pumping costs to pump reclaimed water from the treatment facility located at the southern extent of our service area.	Monitor the quantity and quality of water processed through the proposed system. Determine pumping energy saved (per 1000 gallons) by reduced pumping length.
<input checked="" type="checkbox"/> Improve stormwater management	Project reduces the amount of storm water runoff from the everglades lost to tides.	Utilizing a water flow meter, monitor the quantity of water processed through the proposed system. Recycling stormwater (from Canal) to utilize as beneficial irrigation.
<input checked="" type="checkbox"/> Improve groundwater quality	Reduce the amount of surface water lost to tide by utilizing water produced by this project for irrigation.	Measure quantity of water processed through system and distributed (irrigated) over a large land (groundwater recharge) area
<input checked="" type="checkbox"/> Improve drinking water quality	Reduce the demand for potable water by utilizing the proposed non-potable water source.	Utilizing a water flow meter, monitor the quantity of water processed through the proposed system. Recycling stormwater (from Canal) to utilize as beneficial irrigation reducing the demand for drinking water for irrigation
<input checked="" type="checkbox"/> Improve surface water quality	Reduces the amount of water discharged from the everglades from reaching the coastal Lake Worth Lagoon and redirecting to beneficial reuse for irrigation.	Measure the amount of water taken (indirectly) from the canal directly reducing the amount of water sent to the lagoon.
<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:	250,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>250,000</b>	<b>100%</b>	

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?

Reclaimed water 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?

Yes

24a. If Yes, insert plan name and cite page numbers.

The City of Boynton Beach (in Palm Beach County) is part of SFWMD Lower East Coast Water Supply Planning Area. This planned alternate water supply project meets the statutory considerations for a Pilot Program project under Section 373.037:

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?

04/27/2018

30. What is the status of design?

- a. Ready
- b. Not Ready

31. What percentage of design has been completed?

5%

32. What is the estimated design completion date?

06/29/2018

33. List all required permits.

\* S. Florida Water Management District Environmental Resources Permit (ERP) \*FDEP/Palm Beach County Health Department Utility Extension Permit \*Lake Worth Drainage District 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?

12/14/2018

HB 3863

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Boynton Beach - Alternative Reclaimed Water Supply  
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. Boynton Beach - Alternative Reclaimed Water  
10 Supply Project is an Appropriations Project as defined in The  
11 Rules of The Florida House of Representatives and is described  
12 in Appropriations Project Request 747, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$250,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Boynton Beach  
17 - Alternative Reclaimed Water Supply Project as described in  
18 Appropriations Project Request 747.

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: Mote Marine Laboratory Coral Reef Restoration
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Holly Raschein  
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	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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <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		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? Fish and Wildlife Conservation Commission
  - 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.

Funding shall not be provided to Mote Marine if deliverables are not achieved.

6. Requester:

- a. Name: Dr. Michael P. Crosby
- b. Organization: Mote Marine Laboratory
- c. Email: mcrosby@mote.org
- d. Phone #: (941)388-4441

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

- a. Name: Dr. Michael P. Crosby
- b. Organization: Mote Marine Laboratory
- c. Email: mcrosby@mote.org
- d. Phone #: (941)388-4441

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

- a. Name: David Shepp
- b. Firm: Southern Strategy Group
- c. Email: shepp@sostrategy.com
- d. Phone #: (863)581-4250

9. Organization or Name of entity receiving funds:

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

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?

Coral restoration program focuses on growing endangered, threatened, and reef building coral species for replanting on decimated or damaged sections of reefs throughout the Florida Keys to reverse decades of dramatic coral population decline. Mote's cutting edge technology, called micro-fragmentation and re-skinning, allows small fragments of various corals (brain, boulder, and star) to rapidly fuse back together and form new coral head over the dead skeleton in just 1-2 years instead of hundred

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	Scientists, technicians, and interns.	500,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Equipment, supplies, and boat time (marine operations).	300,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Partnership engagement with other nonprofit organizations schools, businesses, etc.	100,000
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Expanded land based micro- fragmentation nursery where endangered, threatened and massive	100,000

	reef building corals are being grown for out-planting and re-skinning at offshore reef restoration sites.	
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)

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:

Many scientists, agencies and advisory groups (i.e., Florida Keys National Marine Sanctuary's Coral Reef Ecosystem Restoration Working Group) have recommended the need for intensive coral reef restoration in the Florida Keys to address decades of coral loss. Mote secured philanthropic support to build a new state of the art 19,000 sf International Center for Coral Reef Research & Restoration that opened May 2017 on Mote's campus in the Keys to serve as the base of operations for this project.

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:

Peer-reviewed science journals, the New York Times, PBS & numerous other media have reported on Mote's breakthrough coral restoration technology that in just 10 years can restore the Keys coral reefs which are the basis of a \$6 billion per year economy & 71,000

jobs in Florida. The Florida Keys National Marine Sanctuary's Coral Reef Ecosystem Restoration Working Group , & many others, have recommended the need for intensive coral reef restoration in the FL Keys to address decades of coral loss.

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

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 checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Restoration of Florida's coral reefs (as measured by # of corals planted and acres of reefs restored), which are essential habitat for both commercial and recreational fishing will strengthen and expand the state's economic engine while concurrently addressing critical environmental conservation issues.	In one year, more than 50,000 corals will be produced for planting and creating almost 100 acres of restored reefs. By increasing the population number, the likelihood of successful cross-fertilization between corals is increased, thus providing the potential to reverse the population decline throughout Florida.
<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	According to the 2008 report on Corals and Climate Change from the Environmental Defense Fund,	An economic impact study will be conducted upon completion to value the project for economic activity in job



	Florida's coral reefs attract 16 million visitors per year to Southeast Florida, support 70,000 local jobs and draw \$6.3 billion to our economy.	creation and tourism.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Additional scientific staff and technicians will be hired to assist with the implementation of the restoration project.	The number of hires in science and technology positions will be measured.
<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	1,000,000	80.0%	N/A

Project Request:			
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:	250,000	20.0%	Yes
<b>TOTAL</b>	<b>1,250,000</b>	<b>100%</b>	

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

HB 3899

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Mote Marine Laboratory Coral Reef Restoration;  
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. Mote Marine Laboratory Coral Reef Restoration  
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 640, 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 Fish and Wildlife Conservation Commission to fund the Mote  
17 Marine Laboratory Coral Reef Restoration as described in  
18 Appropriations Project Request 640.

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: Florida Keys Aqueduct Authority Alternate/Emergency Water Supply
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Holly Raschein  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					10,000,000	10,000,000

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.

Funds could be drawn based on design and construction benchmarks.

6. Requester:

- a. Name: Kirk Zuelch
- b. Organization: Florida Keys Aqueduct Authority
- c. Email: kzuelch@fkaa.com
- d. Phone #: (305)295-2204

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

- a. Name: Kent Nelson
- b. Organization: Florida Keys Aqueduct Authority
- c. Email: knelson@fkaa.com
- d. Phone #: (305)395-2140

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: Florida Keys Aqueduct Authority
- b. County (County where funds are to be expended): Monroe
- c. Service Area (Counties being served by the service(s) provided with funding): Monroe

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) Independent Special District of the State

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

To provide drinking water to the Lower Keys as an alternative water supply during and after emergency events.

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	Design and construction of a new, seawater treatment plant.	10,000,000
<b>TOTAL</b>		10,000,000

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): Independent Special District of the State

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?

No

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	Insure fresh public water supply.	Availability of potable water to the public.
<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.)	Prevention of water-borne disease from drinking water.	Compliance with Safe Drinking Water Act.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Provision of potable water to the public.	Providing potable water service to businesses following a major storm event.
<input checked="" type="checkbox"/> Increase tourism	Facilitate return of tourism quickly following a major storm event.	Tracking tourism metrics following a major storm event.
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Contract labor, local material suppliers.	Tracking payments during design and construction activities.
<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	Prevention of water-borne disease from drinking water.	Compliance with Safe Drinking Water Act.
<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:	10,000,000	26.3%	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:	28,000,000	73.7%	Yes
<b>TOTAL</b>	<b>38,000,000</b>	<b>100%</b>	

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)
- 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.  
FKAA FY2017 Capital Improvement Plan, pages 58-77

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?

June 2017

30. What is the status of design?

- a. Ready
- b. Not Ready

31. What percentage of design has been completed?

10% (Conceptual level design complete)

32. What is the estimated design completion date?

July 2018

33. List all required permits.

FDEP construction of plant and wells, SFWMD ERP

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?

July 2020

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Florida Keys Aqueduct Authority Alternate/Emergency  
4           Water Supply; 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. Florida Keys Aqueduct Authority  
10 Alternate/Emergency Water Supply is an Appropriations Project as  
11 defined in The Rules of The Florida House of Representatives and  
12 is described in Appropriations Project Request 591, herein  
13 incorporated by reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$10,000,000 from the General Revenue Fund is appropriated to  
16 the Department of Environmental Protection to fund the Florida  
17 Keys Aqueduct Authority Alternate/Emergency Water Supply as  
18 described in Appropriations Project Request 591.

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 - Stormwater Outfall Improvements
2. Date of Submission: 11/21/2017
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 <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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <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.

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 Town of Fort Myers Beach has been working alongside Lee County for several years in conjunction with the streetscape and stormwater management upgrades along Estero Boulevard. The Town has committed to providing up to 19 joint outfalls to allow water from Estero Boulevard to be properly conveyed to Estero Bay for discharge. Estero Boulevard is the main thoroughfare on the island and the only evacuation route for events such as hurricanes. The funds would be used in support of this 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 cover design and construction of new outfalls and storm water BMPs to treat stormwater runoff.	500,000
<b>TOTAL</b>		<b>500,000</b>

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:

Council Approval

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:

Funding is required through SRF to facilitate the project currently and ultimately through a stormwater assessment fund in which local residents and businesses pay a monthly fee to ultimately cover the cost of the 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 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 suspended solid loading to the Estero Bay	BMPs are designed to capture debris and suspended solids in runoff before being discharged. The BMPs will be cleaned, removing these potential contaminants
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Reduce flooding and improve water quality	Instances of flooding will decrease and BMPs will capture pollutants
<input checked="" type="checkbox"/> Improve transportation conditions	Improves flooding along the Town's main evacuation route.	Flooding levels will decrease to the Town's Level of Service Goals.
<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	Decrease flooding and improve water quality of discharged stormwater	Storm water system will handle stormwater runoff to reduce flooding and capture pollutants

<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:	500,000	7.8%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	5,131,500	80.4%	No
4. Local:	750,000	11.8%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>6,381,500</b>	<b>100%</b>	

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?

Stormwater fee

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): TMDL Grant, SRF loan
- 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 Fort Myers Beach Stormwater Improvements Basis of Design Summary; all inclusive

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?
- 4/20/18
30. What is the status of design?
- a. Ready
  - b. Not Ready
31. What percentage of design has been completed?
- 10%
32. What is the estimated design completion date?
- 12/31/2008
33. List all required permits.
- South Florida Water Management District Environmental Resource Permit, Army Corps of Engineers 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?

12/31/2022

HB 3923

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Fort Myers Beach - Stormwater Outfall 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. Fort Myers Beach - Stormwater Outfall  
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 1387, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$500,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Fort Myers  
17 Beach - Stormwater Outfall Improvements as described in  
18 Appropriations Project Request 1387.

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: Sanibel Donax Wastewater Reclamation Facility Process

2. Date of Submission: 10/26/2017

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? 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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		1,427,000	1,427,000		2,000,000	2,000,000

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.

Currently there are no penalties associated with 'failure to compete the project' unless the Legislature chooses to place penalties on the state funds requested for this project for failure to complete.

6. Requester:

- a. Name: Keith Williams, P.E., Dir-Public Wks
- b. Organization: City of Sanibel
- c. Email: keith.williams@mysanibel.com
- d. Phone #: (239)472-6397

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

- a. Name: Sandy Larsen, P.E., Asst Cty Engineer
- b. Organization: City of Sanibel
- c. Email: sandy.larsen@mysanibel.com
- d. Phone #: (239)472-6397

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

- a. Name: Van Poole
- b. Firm: PooleMcKinley
- c. Email: Van@poolemckinley.com
- d. Phone #: (850)681-1980

9. Organization or Name of entity receiving funds:

- a. Name: City of Sanibel
- 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 goal of this project is to reduce nutrient loading to surface and groundwater from reuse water provided by the Donax WRF. Upgrades to the plant would reduce nutrient concentrations in reuse water provided to golf courses, multi-family, and residential properties by more than 50%. The Sanibel Comprehensive Nutrient Management Plan (Thompson et. al., 2017) identified upgrades to the Donax WRF as the highest priority project for reducing nutrient loading to the impaired Sanibel River.

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 will be spent on construction of process improvements that include: conversion of Plant 1 to flow equalization; conversion of Plants 2 &3 to Bardenpho process; addition of	2,000,000

	membrane bioreactor process; yard piping; electrical & instrumentation improvements.	
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:

The project has been identified in the City's 5-year Capital Improvement Plan. A robust discussion about the project has occurred at a number of City Council meetings, with full public support for the project. The City has received letter of support from the Ding Darling Wildlife Society and emails of support from individual residents urging the City to move forward with the upgrades.

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 City of Sanibel contracted Tetra Tech (2015) to evaluate the Donax WWRF performance. Based on that study, the proposed upgrades will remove between 50-70% of the nitrogen and phosphorus load leaving the plant in water used for irrigation. The City of Sanibel also

contracted the SCCF Marine Lab to conduct a Comprehensive Nutrient Management Plan for Sanibel (Thompson et. al., 2017). That study identified reuse water as the largest nutrient source in the eastern Sanibel River.

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 reduce nutrient loading to Sanibel's surface and groundwater, which impact the quality of the coastal waters of Charlotte Harbor. This project will directly reduce nitrogen and phosphorus loading to the impaired Sanibel River and will improve habitat for fish and wildlife by improving dissolved oxygen in the water and reducing the potential for harmful algal blooms.	The process improvements are anticipated to reduce total nitrogen and total phosphorus concentrations by an estimated 50-70%. The FDEP's current permitted criteria levels are 12.0 mg/L Nitrogen, 5.0 mg/L TSS, 30 mg/L BOD, and no limit on Phosphorus. Upgrades will reduce nitrogen to <3.0 mg/L and <1.0 mg/L for phosphorus, which meets advanced waste treatment standards. Effluent will be measured to ensure it meets these nutrient load reduction goals.
<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	Sanibel Island is one of the primary economic drivers for Lee County, with tourism in Lee County generating more than \$3 billion annually. Sanibel is an international destination and our beaches have been ranked as some of the best in the world. This project will protect and improve the quality of our coastal waters, increasing tourism and use of local beaches.	The City of Sanibel evaluates visitation through the Lee County causeway tolls, Visitor and Convention Bureau surveys, parking meters at the City's beach parks and through other performance metrics. In addition, water quality is monitored by the City of Sanibel at sites throughout the island. That data is available to the public through the FDEP STORET system and through the City's water quality website. <a href="http://www.mysanibel.com/Departments/Natural-Resources/Protecting-Our-Water-Quality">http://www.mysanibel.com/Departments/Natural-Resources/Protecting-Our-Water-Quality</a>
<input checked="" type="checkbox"/> Create specific immediate job opportunities	This project will create and/or support local engineering jobs, survey jobs and construction jobs during project construction. It is estimated that \$6 million will be paid out to Florida businesses during the life of the construction project.	The City of Sanibel will document the number of contractors, sub-contractors, etc. that participate in the project to determine the overall impact on job creation/job opportunities as a result of the project.
<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	<p>This project will directly improve the quality of effluent water leaving the Donax WRF, which is used as irrigation by golf courses, multi-family and residential properties. It is estimated that this project will reduce nutrient loading by 50-70%, ensuring reuse water continues to be an asset instead of a liability.</p>	<p>The process improvements are anticipated to reduce total nitrogen and total phosphorus concentrations by an estimated 50-70%. The FDEP's current permitted criteria levels are 12.0 mg/L Nitrogen, 5.0 mg/L TSS, 30 mg/L BOD, and no limit on Phosphorus. Upgrades will reduce nitrogen to &lt;3.0 mg/L and &lt;1.0 mg/L for phosphorus, which meets advanced waste treatment standards. Effluent will be measured to ensure it meets these nutrient load reduction goals.</p>
<input checked="" type="checkbox"/> Improve stormwater management	<p>Reclaimed water has been identified as the largest source of nutrient loading to the eastern Sanibel River, which is impaired by FDEP for nitrogen and phosphorus. Reuse water used by golf courses, multi-family and residential properties runs off the landscape in stormwater and enters the River. Reuse water also enters surface water indirectly through groundwater due to our sandy soils. This project will reduce nutrient concentrations in the water provided to end-users -improving stormwater</p>	<p>The quality of the effluent will be directly measured as it leaves the WWRF. Surface water and storm event sampling is conducted by the City of Sanibel as part of the City's Ambient Water Quality Monitoring Program and NPDES monitoring. Data will be analyzed periodically to ensure the load reductions are achieved.</p>
<input checked="" type="checkbox"/> Improve groundwater quality	<p>Phase 3 of the Sanibel Comprehensive Nutrient Management Plan (Thompson and Milbrandt, 2016) identified landuse types that consumed reuse water had</p>	<p>The quality of the effluent will be directly measured as it leaves the WWRF. Surface water and storm event sampling is conducted by the City of Sanibel as part of the City's</p>



	much high nutrient loading rates to the surficial aquifer. The authors suggested that reducing nutrient concentrations in reuse water used for irrigation would reduce nutrient loading to groundwater, surface water and ultimately water discharged to coastal Charlotte harbor.	Ambient Water Quality Monitoring Program and NPDES monitoring. Baseline groundwater sampling was conducted throughout Sanibel in 2015/16 as part of the Comprehensive Nutrient Management Plan. Additional sampling will be conducted periodically to ensure the load reductions are achieved.
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	This project will directly reduce nutrient loading to the impaired Sanibel River (FDEP to release TMDL for nutrients 2/21/17). This project will directly improve the quality of effluent water leaving the Donax WRF, which is used as irrigation by golf courses, multi-family and residential properties. It is estimated that this project will reduce nitrogen and phosphorus loading by 50-70%.	The quality of the effluent will be directly measured as it leaves the WWRF. Surface water and storm event sampling is conducted by the City of Sanibel as part of the City's Ambient Water Quality Monitoring Program and NPDES monitoring. Data will be analyzed periodically to ensure the load reductions are achieved.
<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	16.8%	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:	9,915,000	83.2%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>11,915,000</b>	<b>100%</b>	

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?

City of Sanibel Utilities Fund CIP

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): SFWMD Cooperative Funding Program
- 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?

8/28/2017

30. What is the status of design?

- a. Ready

b. Not Ready

31. What percentage of design has been completed?

60%

32. What is the estimated design completion date?

03/31/2018

33. List all required permits.

Florida Dept. of Environmental Protection Domestic Wastewater Facility 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?

7/31/2021

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Sanibel Donax Wastewater Reclamation Facility Process;  
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. Sanibel Donax Wastewater Reclamation Facility  
10 Process is an Appropriations Project as defined in The Rules of  
11 The Florida House of Representatives and is described in  
12 Appropriations Project Request 137, 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 Sanibel  
17 Donax Wastewater Reclamation Facility Process as described in  
18 Appropriations Project Request 137.

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: Brevard County: Osprey Water Reclamation Facility Nutrient
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Rene Plasencia  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					4,000,000	4,000,000

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? 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.

Cost share would be reduced on a pro-rata basis for work not completed to the satisfaction of the administering agency. However the agency should be

6. Requester:

- a. Name: Virginia Barker
- b. Organization: Brevard County Natural Resources Management Director
- c. Email: virginia.barker@brevardfl.gov
- d. Phone #: (321)633-2016

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

- a. Name: Virginia Barker
- b. Organization: Brevard County Natural Resources Management Director
- c. Email: virginia.barker@brevardfl.gov
- d. Phone #: (321)633-2016

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

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

9. Organization or Name of entity receiving funds:

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

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 reduce the concentration of nitrogen in reclaimed water that is currently polluting groundwater that migrates to the Indian River Lagoon in Brevard County. This will lead to improved water quality, environmental health, fisheries, recreation and property values along the Indian River Lagoon, which is an Outstanding Florida Water and Natural Estuary.

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	Retrofit/Enhanced Nutrient Scrubbing at Waste Water Treatment Plant	4,000,000
<b>TOTAL</b>		<b>4,000,000</b>

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:

This partially implements the Save Our Indian River Lagoon Project Plan. This project plan was approved unanimously by the Brevard County Commissioners in August 2016. Local matching funds for the plan were approved by 62.3% of the voters in Brevard via a sales tax referendum held on November 8, 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?

Yes

16a. Please Describe:

The study documenting need and prioritizing retrofit/enhanced nutrient scrubbing at these two facilities was completed by consultants working for the applicant, Brevard County, in coordination with municipal staff. Numerous research scientists, agency and local utility staff were consulted during the study and

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 algae blooms	Chlorophyll a concentrations
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Reduce algae blooms	Chlorophyll a concentrations
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Increase property values	Taxable property value
<input checked="" type="checkbox"/> Increase tourism	Increase Occupancy	Tourist Development Tax
<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	Reduce Nutrient Pollution	Nutrient Concentration in Re-Use water

<input checked="" type="checkbox"/> Improve stormwater management	Reduce Nutrient Pollution	Stormwater Nutrient Concentrations
<input checked="" type="checkbox"/> Improve groundwater quality	Reduce Nutrient Pollution	Groundwater Nutrient Concentrations
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Reduce Nutrient Pollution	Lagoon Nutrient concentrations
<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:	4,000,000	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:	4,000,000	50.0%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>8,000,000</b>	<b>100%</b>	

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?

Sewer Service 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?

Yes

24a. If Yes, insert plan name and cite page numbers.

Save Our Indian River Lagoon Project Plan, Table 46, Page 59 with estimation of the nutrient reduction benefit on pages 19-21.

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?

01/15/2017

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?  
06/30/2018
33. List all required permits.  
FDEP
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?  
09/30/2019

HB 3951

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Brevard County: Osprey Water Reclamation Facility  
4           Nutrient; 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. Brevard County: Osprey Water Reclamation  
10 Facility Nutrient is an Appropriations Project as defined in The  
11 Rules of The Florida House of Representatives and is described  
12 in Appropriations Project Request 746, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$4,000,000 from the General Revenue Fund is appropriated to  
16 the Department of Environmental Protection to fund the Brevard  
17 County: Osprey Water Reclamation Facility Nutrient as described  
18 in Appropriations Project Request 746.

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: Neptune Beach Florida Boulevard Stormwater Culvert Improvements
2. Date of Submission: 11/08/2017
3. House Member Sponsor: Cord Byrd  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		400,000	400,000		950,000	950,000

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.

Require additional widening if increased flow is not obtained.

6. Requester:

- a. Name: Andrew Hyatt
- b. Organization: City of Neptune Beach
- c. Email: cm@nbfl.us
- d. Phone #: (904)270-2400

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

- a. Name: Leon Smith
- b. Organization: City of Neptune Beach
- c. Email: dpw@nbfl.us
- d. Phone #: (904)270-2423

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

- a. Name: Robert Stuart
- b. Firm: Gray Robinson
- c. Email: Robert.Stuart@gray-robinson.com
- d. Phone #: (407)843-8880

9. Organization or Name of entity receiving funds:

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

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?

Capital Improvements to remove and replace an aging, deteriorating and undersized large corrugated culvert under Florida Boulevard to improve drainage flows and reduce flood staging upstream of the culvert as well as protect an existing evacuation route for the beaches area.

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 checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Project Design	50,000
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Removal of existing undersized culvert and replace with new bridge and associated road improvements	900,000
<b>TOTAL</b>		<b>950,000</b>

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:

Five Year Capital Improvement Plan

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:

Engineering group (Parsons and Associates) has conducted a stormwater analysis of the City.

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 checked="" type="checkbox"/> Improve transportation conditions	The intersection will be rebuilt as part of the new bridge/culvert.	Review the existing roadway conditions before and after project.
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Will create job growth during the construction process.	Job numbers
<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	Increase stormwater flow through the area	Measure the flow pre and post construction
<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:	950,000	50.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	800,000	42.1%	No
4. Local:	150,000	7.9%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>1,900,000</b>	<b>100%</b>	

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 Funds

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?

0

29. What is the estimated planning completion date?

09/01/2018

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?

01/01/2018

33. List all required permits.

SJRWMD ERP

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?

7/31/2019



HB 4005

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Neptune Beach Florida Boulevard Stormwater Culvert  
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. Neptune Beach Florida Boulevard Stormwater  
10 Culvert Improvements is an Appropriations Project as defined in  
11 The Rules of The Florida House of Representatives and is  
12 described in Appropriations Project Request 295, herein  
13 incorporated by reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$950,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Neptune Beach  
17 Florida Boulevard Stormwater Culvert Improvements as described  
18 in Appropriations Project Request 295.

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: Neptune Beach- Sewer Force Main- Neptune Grove Drive to Wastewater Treatment Plant

2. Date of Submission: 11/13/2017

3. House Member Sponsor: Cord Byrd

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)	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					450,000	450,000

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: Andrew Hyatt
- b. Organization: City of Neptune Beach
- c. Email: cm@nbfl.us
- d. Phone #: (904)270-2400

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

- a. Name: Leon Smith
- b. Organization: City of Neptune Beach
- c. Email: dpw@nbfl.us
- d. Phone #: (904)270-2423

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

- a. Name: Robert Stuart
- b. Firm: Gray Robinson
- c. Email: Robert.Stuart@gray-robinson.com
- d. Phone #: (407)843-8880

9. Organization or Name of entity receiving funds:

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

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?

Capital improvements to install a force main line to prevent overflows and improve the efficiency of the sewer 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 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	Capital improvements to install a force main sewer in a residential area.	450,000
TOTAL		450,000

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:

Five Year Capital Improvement Plan

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.)	The current line is outdated and can be breached during flood situations posing a potential health risk.	Continually check manholes to ensure no potential for flooding exists.
<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	Installation of a force main will improve the flow and prevent stormwater breaches.	Staff will continually monitor manholes to ensure stormwater breaches are prevented.
<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:	450,000	90.0%	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	10.0%	No
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>500,000</b>	<b>100%</b>	

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/Sewer 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)
- 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?

November 2017

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?

January 2019

33. List all required permits.

N/A

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?

January 2019

HB 4009

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Neptune Beach- Sewer Force Main- Neptune Grove Drive  
4           to Wastewater Treatment Plant; providing an  
5           appropriation; providing an effective date.

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

8  
9           Section 1. Neptune Beach- Sewer Force Main- Neptune Grove  
10 Drive to Wastewater Treatment Plant is an Appropriations Project  
11 as defined in The Rules of The Florida House of Representatives  
12 and is described in Appropriations Project Request 774, herein  
13 incorporated by reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$450,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Neptune  
17 Beach- Sewer Force Main- Neptune Grove Drive to Wastewater  
18 Treatment Plant as described in Appropriations Project Request  
19 774.

20           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 - The Development of McIntosh Regional Park
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 <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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <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? 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: Jack Holland
- b. Organization: City of Plant City
- c. Email: jholland@plantcitygov.com
- d. Phone #: (813)659-4274

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

- a. Name: Sydeny 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?

The preservation of this land compliments the natural resource and greenway corridor restoration goals of the area's Hillsborough River Greenways Task Force, of which the City of Plant City is a member. The Task Force's focus is the restoration, enhancement, mitigation and protection of all the water and natural resources that affect, directly or indirectly, the upper Hillsborough River Basin. This park received damage during the hurricane and some of the money would be used to plant new trees

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	Developing a trail head parking area for users; building an informational kiosk for maps and park info; replanting damaged tree from the hurricane; developing a 2+ mile improved walking/hiking/biking trail	300,000

	through the NW portion of the property; building a wildlife observation platform; providing trail signage; development of other trails as funding permits	
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:

Unanimous vote of approval by the Planty City City Commission

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 land was purchased 50% by the Florida Communities Trust who requires the land to be developed for public use.

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

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 checked="" type="checkbox"/> Improve physical health	Provides a suitable walking trail.	Number of visitors using trails.
<input checked="" type="checkbox"/> Improve mental health	Provides quiet areas to view	Number of visitors using trails.
<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	Land management promotes natural sight-seeing	Increase in sightseeing
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Developed wetland area filters runoff water	Cleaner water leaving property
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Visitors seeking opportunities to access nature	Increased number of visitors to area.
<input checked="" type="checkbox"/> Increase tourism	Visitors seeking opportunities to access nature	Increased number of visitors to area.
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Trail development construction.	Employee numbers for contractors.
<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	Developed wetland area filters runoff water.	Cleaner water leaving the property.
<input checked="" type="checkbox"/> Improve stormwater management	Developed wetland area filters runoff water.	Cleaner water leaving the property.
<input checked="" type="checkbox"/> Improve groundwater quality	Developed wetland area filters runoff water.	Cleaner water leaving the property.
<input checked="" type="checkbox"/> Improve drinking water quality	Developed wetland area filters runoff water.	Cleaner water leaving the property.
<input checked="" type="checkbox"/> Improve surface water quality	Developed wetland area filters runoff water.	Cleaner water leaving the property.
<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	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:	300,000	50.0%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>600,000</b>	<b>100%</b>	

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

No

HB 4051

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Plant City - The Development of McIntosh Regional  
4           Park; 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 - The Development of McIntosh  
10 Regional Park is an Appropriations Project as defined in The  
11 Rules of The Florida House of Representatives and is described  
12 in Appropriations Project Request 678, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$300,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Plant City -  
17 The Development of McIntosh Regional Park as described in  
18 Appropriations Project Request 678.

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: Lake County South Lake Regional Park Central Wastewater, Potable and Reclaim
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Larry Metz  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <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? 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 contracting agency may consider liquidated damages for falling to meet deliverables or performance measures.

6. Requester:

- a. Name: Timothy Sullivan
- b. Organization: Lake County Board of County Commissioners
- c. Email: tsullivan@lakecountyfl.gov
- d. Phone #: (352)343-9841

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

- a. Name: Bobby Bonilla
- b. Organization: Lake County Board of County Commissioners
- c. Email: rbonilla@lakecountyfl.gov
- d. Phone #: (352)253-4950

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

- a. Name: Chris Carmody
- b. Firm: Gray/Robinson
- c. Email: chris.carmody@gray-robinson.com
- d. Phone #: (407)843-8880

9. Organization or Name of entity receiving funds:

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

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 permanent solution to the parks, sanitary, potable water and reclaim water facilities and provide improved protection of water quantity and quality in the Green Swamp Area of Critical State Concern.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Director, Program Manager, Engineer II	30,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Procurement Officer, Construction Inspector I & II	20,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Vehicles, Fuel, Copier, Printer, Computer, Phone	10,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Design and engineering, construction bid documents	90,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Inspections, supervision, reporting	40,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Vehicles, Fuel, Copier, Printer, Computer, Phone	10,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Material, Equipment, Site Inspection, Project close-out	200,000
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Construction	2,100,000

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:

Press releases, letters of support, major organizational backing, Parks, Recreation and Trails Advisory Board and Lake County Board of County Commissioners meetings

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:

Lake County Parks and Recreation Master Plan and Lake County Trails Master 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	Describe the method for measuring level
--------------------	-------------------------------------------	-----------------------------------------



	or outcome	of benefit
<input checked="" type="checkbox"/> Improve physical health	Increase in exercising	Event schedules, Sports league and organization practices and games Active/Passive recreation count data/analysis
<input checked="" type="checkbox"/> Improve mental health	Increase in exercising and team sport participation by encouraging teamwork and the development of more social skills.	Event schedules, Sports league and organization practices and games Active/Passive recreation count data/analysis
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Team Building and learning to work well with others	Increase usage of facility
<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	Sports Tourism	Local Restaurant, hotel, retail and other useful monthly / annual economic impact reporting for sales and hotel stays
<input checked="" type="checkbox"/> Increase tourism	Sports Tourism	Local Restaurant, hotel, retail and other useful monthly / annual economic impact reporting for sales and hotel stays
<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	Protect Water Quality within the Green Swamp Area of Critical State Concern	Removal of microbiological contaminants from wastewater and monitored through sensors
<input type="checkbox"/> Improve stormwater management		
<input checked="" type="checkbox"/> Improve groundwater quality	Protect Water Quality within the Green Swamp Area of Critical State Concern	Removal of microbiological contaminants from wastewater and monitored through sensors
<input checked="" type="checkbox"/> Improve drinking water quality	Protect Water Quality within the Green Swamp Area of Critical State Concern	Removal of microbiological contaminants from wastewater and monitored through sensors
<input checked="" type="checkbox"/> Improve surface water quality	Protect Water Quality within the Green Swamp Area of Critical State Concern	Removal of microbiological contaminants from wastewater and monitored through sensors
<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
<b>TOTAL</b>	<b>2,500,000</b>	<b>100%</b>	

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?

Municipal Services Taxing Unit (MTSU) and General 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)
- 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.

Lake County Parks and Recreation Master Plan; Pages 3, 45, 46, 57. Lake County Trails Master Plan; Pages 7-19, 7-20, 7-38, 7-41; 7-43

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?

12/31/2016

30. What is the status of design?

- a. Ready
- b. Not Ready

31. What percentage of design has been completed?

30%

32. What is the estimated design completion date?

06/01/2018

33. List all required permits.

Florida Department of Environmental Protection - Notification of Acceptance of Use of a General Permit; Water Main/Wastewater Collection/Transmission System, St. John's River Water Management District and Florida Fish and Wildlife Conservation Commission.

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

HB 4097

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Lake County South Lake Regional Park Central  
4           Wastewater, Potable and Reclaim; providing an  
5           appropriation; providing an effective date.

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

8  
9           Section 1. Lake County South Lake Regional Park Central  
10 Wastewater, Potable and Reclaim is an Appropriations Project as  
11 defined in The Rules of The Florida House of Representatives and  
12 is described in Appropriations Project Request 1187, 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 County South Lake Regional Park Central Wastewater, Potable and  
18 Reclaim as described in Appropriations Project Request 1187.

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: Clermont South Lake Wi-Fi Trail
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Larry Metz  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					450,000	450,000

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.



We are confident our measures will be achieved and are open to any penalties the administrator finds appropriate.

6. Requester:

- a. Name: Darren Gray
- b. Organization: City of Clermont
- c. Email: dgray@clermontfl.org
- d. Phone #: (352)241-7358

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

- a. Name: James Kinzler
- b. Organization: City of Clermont
- c. Email: jkinzler@clermontfl.org
- d. Phone #: (352)241-7356

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

- a. Name: Chris Carmody
- b. Firm: Gray-Robinson
- c. Email: chris.carmody@gray-robinson.com
- d. Phone #: (407)843-8880

9. Organization or Name of entity receiving funds:

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

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 Clermont South Lake Wi-Fi Trail allows for users of the South Lake Trail, the midpoint and component of the SUN Trail and Coast-to-Coast Trail systems unimpeded access to WIFI. The ability for trail users to connect to WIFI both enhances safety in assuring that users unfamiliar with the location have unimpeded access to geolocation in addition to finding ways to arrive at destinations along the trail.

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 Wi-Fi infrastructure for Clermont South Lake Wi-Fi Trail	450,000
<b>TOTAL</b>		<b>450,000</b>

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?

Yes

14a. Will this information technology project be managed within a state agency to support state agency program goals?

No

14b. What is the total cost (all years) to design and build the project?

900,000

14c. What are the ongoing (annual recurring) maintenance and operation costs once the project is completed?

15,000

14d. Can the state agency fund the ongoing annual recurring costs within its current operating budget?

No

14e. What are the specific business objectives or needs the IT project is intended to address?

Providing sufficient coverage to visitors of the Clermont WaterFront and Trail System, as well as a portion of the Coast to Coast Trail.

14f. Based upon the identified business objectives or needs, what are the success factors that must be realized in order for the state agency to consider the proposed IT project a success?

Providing sufficient coverage to visitors of the Clermont WaterFront and Trail System, as well as a portion of the Coast to Coast Trail. Data will be collected and analyzed to economic impact, traffic and type of user to determine success of the project.

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

The City of Clermont hosted a series of visioning sessions with the community aggregating over 1,000 in attendance. Outcomes were clear for greater connectivity with safe access and Wi-Fi accessibility to link economic opportunity from waterfront into downtown. The public Wi-Fi is a critical component for economic opportunity with Coast-to-Coast tourism.

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:

An analysis was performed by Empire Computing & Consulting (120 N. Frederick Avenue, Daytona Beach, FL) on 9/1/2016 showing anticipated data rates and signal strength ?heat maps? for a proposed WiFi deployment of nineteen (19) WAPs covering a 1 mile segment of the trail from East Avenue to the Boathouse. On 10/17/2016 an additional analysis was completed to include thirteen (13) WAPs to cover the downtown (Legacy Loop) area from 7th Street to West Avenue

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?

Safe and convenient access to Wi-Fi for navigation and geolocation along the South Lake Trail (Coast to Coast Trail).

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

The Clermont South Lake Wi-Fi Trail allows for users of the South Lake Trail, the midpoint and component of the SUN Trail and Coast-to-Coast Trail systems unimpeded access to Wi-Fi. The ability for trail users to connect to WIFI both enhances safety in assuring users unfamiliar with the location have unimpeded access to geolocation in addition to way finding to arrive at destinations along the trail.

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 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 checked="" type="checkbox"/> Improve quality of education	Measure would be youth in neighboring areas accessing Wi-Fi.	Monitor Wi-Fi usage and activity.
<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	Increase safe alternative transportation via trail system.	Monitor WI-FI usage and activity.
<input type="checkbox"/> Increase or improve economic activity		
<input checked="" type="checkbox"/> Increase tourism	Measure would increase spending through market and economic analysis.	Market study and economic impact data.
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Those without technology can access the Wi-Fi trail at no cost.	Monitor Wi-Fi usage and activity.
<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:	450,000	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:	450,000	50.0%	Yes
5. Other:	0	0.0%	No
TOTAL	900,000	100%	

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

No

HB 4099

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Clermont South Lake Wi-Fi Trail; 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. Clermont South Lake Wi-Fi Trail 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 1193, herein incorporated by reference.

12           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
13 of \$450,000 from the General Revenue Fund is appropriated to the  
14 Department of Environmental Protection to fund the Clermont  
15 South Lake Wi-Fi Trail as described in Appropriations Project  
16 Request 1193.

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: Hallandale Beach - Restoration and Pollution Mitigation of Chavez Lake
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Joseph Geller  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <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.

Standard Penalties apply

6. Requester:

- a. Name: Roget Carlton
- b. Organization: City of Hallandale Beach
- c. Email: rcarlton@cohb.org
- d. Phone #: (954)457-1300

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

- a. Name: Roget Carlton
- b. Organization: City of Hallandale Beach
- c. Email: rcarlton@cohb.org
- d. Phone #: (954)457-1300

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

- a. Name: Mat Forest
- b. Firm: Ballard Partners
- c. Email: mat@ballardfl.com
- d. Phone #: (561)779-7003

9. Organization or Name of entity receiving funds:

- a. Name: City of Hallandale Beach
- 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?

Hallandale Beach is requesting funding for the restoration and pollution mitigation of Chaves Lake. Chaves Lake is a 17-acre park located in the NW section of the City. In 2014, the voters supported for a \$60,000,000 GO Bond to develop this and 6 other parks with parking, walkways, open space, etc. After bond issuance, the City discovered lake needs environmental clean up to meet state standards. Lake is part of I-95, industrial, and minority community drainage. City is Requesting \$500,000

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	all planning for project	500,000
<b>TOTAL</b>		<b>500,000</b>

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:

This issue was heard on November 1, 2017 and received a unanimous vote of the city commission

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:

Yes. The water has been studied and is in the process of having additional studies completed.

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	decrease pollution	water quality testing
<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	mitigate pollution and restore lake	water standards testing
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	mitigate pollution and restore lake	water standards testing
<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	drainage area	drainage management
<input checked="" type="checkbox"/> Improve groundwater quality	water pollution management	water standards testing
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Water pollution mitigation	water standards testing
<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	0.8%	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:	60,000,000	99.2%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>60,500,000</b>	<b>100%</b>	

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?  
general obligation bond

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 Hallandale Beach Mater 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?

- 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?  
02/01/2018
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?  
02/01/2018
33. List all required permits.  
unknown fully
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?  
unknown

HB 4103

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Hallandale Beach - Restoration and Pollution  
4           Mitigation of Chavez Lake; 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. Hallandale Beach - Restoration and Pollution  
10 Mitigation of Chavez Lake is an Appropriations Project as  
11 defined in The Rules of The Florida House of Representatives and  
12 is described in Appropriations Project Request 1084, herein  
13 incorporated by reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$500,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Hallandale  
17 Beach - Restoration and Pollution Mitigation of Chavez Lake as  
18 described in Appropriations Project Request 1084.

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: Bal Harbour Village Bakers Haulover Inlet Bypassing Project
2. Date of Submission: 11/16/2017
3. House Member Sponsor: Joseph Geller  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					750,000	750,000

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.

standard penalties

6. Requester:

- a. Name: Jorge Gonzalez
- b. Organization: Bal Harbour Village
- c. Email: jgonzalez@balharbourfl.gov
- d. Phone #: (305)866-4633

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

- a. Name: Jorge Gonzalez
- b. Organization: Bal Harbour Village
- c. Email: jgonzalez@balharbourfl.gov
- d. Phone #: (305)866-4633

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

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

9. Organization or Name of entity receiving funds:

- a. Name: Village of Bal Harbour
- 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?

This project will reconfigure the north jetty at the inlet to enhance sand deposition to keep sand out of the ebb and flood shoals. The jetty will be configured for fishing and public access. At regular intervals, the beach (updrift, to the north) will be dredged and sand bypassed to ?downdrift? areas of the County, thereby maximizing inlet bypassing. The interval of dredging will be every 2-4 years.

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 beach (updrift, to the north) will be dredged and sand bypassed to ?downdrift? areas of the County, thereby maximizing inlet bypassing. The interval of dredging will be every 2-4 years	750,000

TOTAL		750,000
-------	--	---------

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:

The Village Council has passed a Resolution in support of the project, encouraging advancement and funding toward completion.

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:

Miami-Dade County has included the project within its Inlet Management Master Plan, and Coastal Systems International produced a study of the project indicating the total project cost is \$12 million.

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

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 checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	The beach (updrift, to the north) will be dredged and sand bypassed to ?downdrift? areas of the County, thereby maximizing inlet bypassing. The interval of dredging will be every 2-4 years. This will improve improve the habitat for turtles to lay their eggs on the beach; this area is presently significantly diminished.	Regular surveying of sand at affected downdrift areas within and south of the Village.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	The project will enhance the protection of people and property with additional sand deposited on the beaches and dunes in Bal Harbour and areas south	Regular surveying of sand at affected downdrift areas within and south of the Village.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	The re-nourishment of the beach through the sand-by-pass project will result in significant marketable economic benefit as it serves as a draw for visitors to the area.	This can be measured through the monthly capture of Resort Tax revenue collected locally.
<input checked="" type="checkbox"/> Increase tourism	The re-nourishment of the beach through the sand-by-pass project will result in significant marketable economic benefit as it serves as a	This can be measured through the monthly capture of Resort Tax revenue collected locally.

	draw for visitors to the area.	
<input checked="" type="checkbox"/> Create specific immediate job opportunities	The construction of the sand-by-pass project will create immediate construction job opportunities.	This can be measured through reporting the number of individuals working on the project from planning to completion.
<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:	750,000	50.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d,	0	0.0%	No

Column F)			
4. Local:	750,000	50.0%	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?

No

HB 4109

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Bal Harbour Village Bakers Haulover Inlet Bypassing  
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. Bal Harbour Village Bakers Haulover Inlet  
10 Bypassing Project is an Appropriations Project as defined in The  
11 Rules of The Florida House of Representatives and is described  
12 in Appropriations Project Request 1386, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$750,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Bal Harbour  
17 Village Bakers Haulover Inlet Bypassing Project as described in  
18 Appropriations Project Request 1386.

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: Sunny Isles Beach Park Dock & Flooding Repairs

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Joseph Geller

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 <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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					148,500	148,500

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.

Standard penalties apply

6. Requester:

- a. Name: Christopher Russo
- b. Organization: City of Sunny Isles Beach
- c. Email: crusso@sibfl.net
- d. Phone #: (305)792-1811

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

- a. Name: Kathryn Matos
- b. Organization: City of Sunny Isles Beach
- c. Email: kmatos@sibfl.net
- d. Phone #: (305)935-1866

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

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

9. Organization or Name of entity receiving funds:

- a. Name: City of Sunny Isles Beach
- 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?

Create design and engineering plans that will restore the park to it's pre-Hurricane Irma status, including dock repair and land/seawall stabilization.

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	1) Development of design and engineering plans for the repair of Bella Vista Bay Park docks that were destroyed in Hurricane Irma and 2) development of design and engineering plans for the seawall repair and stabilization of the property that was flooded during Hurricane Irma and experienced significant subsequent erosion.	148,500
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		148,500

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:

Letter of Support from City Mayor

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?

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 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	Increase in public recreation open space that was damaged due to Hurricane Irma	renewed and increased numbers for use of the park
<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	Stabilization of the seawall and property with improved drainage.	Monitor park property after rain, storm and tidal events.
<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:	148,500	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:	148,500	50.0%	Yes
5. Other:	0	0.0%	No
TOTAL	297,000	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

HB4111

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Sunny Isles Beach Park Dock & Flooding Repairs;  
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. Sunny Isles Beach Park Dock & Flooding Repairs  
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 1367, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$148,500 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Sunny Isles  
17 Beach Park Dock & Flooding Repairs as described in  
18 Appropriations Project Request 1367.

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: Sunny Isles Beach Golden Shores Pump Station

2. Date of Submission: 11/08/2017

3. House Member Sponsor: Joseph Geller

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 <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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					595,102	595,102

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 will not fail to meet deliverables as this project is vital to maintaining our infrastructure; however, delay in disbursement of state appropriated funds would be a suggested penalty.

6. Requester:

- a. Name: Christopher Russo
- b. Organization: City of Sunny Isles Beach
- c. Email: crusso@sibfl.net
- d. Phone #: (305)792-1811

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

- a. Name: Kathryn Matos
- b. Organization: City of Sunny Isles Beach
- c. Email: kmatos@sibfl.net
- d. Phone #: (305)935-1866

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

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

9. Organization or Name of entity receiving funds:

- a. Name: City of Sunny Isles Beach
- 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?

This project will ensure that the City is better prepared for hurricanes and storm events as it will help alleviate the significant flooding that occurs in the Golden Shores neighborhood. There was significant flooding in this neighborhood during and after Hurricane Irma in September 2017.

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	replace outfall valve, repair emergency by-pass sluice gate valve, repair wet well telemetry/SCADA system, replace day tank, replace generator fuel pump and coolant pump, install fuel supply tank, redirect causeway effluent directly to deep	595,102

	injection wells, re-establish existing drainage injection wells, add 2 additional drainage injection wells and modify existing piping network, replace generator with new generator with sound-attenuating enclosure and sub-base fuel tank	
TOTAL		595,102

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:

Letter of Support from Golden Shores neighborhood association.

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:

Consultant analyzed status of pump station and generator and identified what is needed, including cost estimates to perform the work.

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.)	Alleviation of neighborhood flooding that poses a threat to the safety of the residents and potential for property damage, including personal property and damage to public roadways.	Photo documentation of the neighborhood after a rain event before construction, followed by photo documentation of the neighborhood after a rain event after construction.
<input checked="" type="checkbox"/> Improve transportation conditions	Current flooding causes damage to the roads, as well as blocking vehicles from being able to pass.	Photo documentation of the neighborhood after a rain event before construction, followed by photo documentation of the neighborhood after a rain event after construction. Also, monitor expenses for road repairs before and after

		construction.
<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	Wastewater from the William Lehman Causeway (State Road 856) will be redirected to deep injection wells.	Collect data pre- and post construction from the City's stormwater management program.
<input checked="" type="checkbox"/> Improve groundwater quality	More efficient movement of groundwater due to more efficient pump station.	Collect and test groundwater pre- and post construction.
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	More efficient drainage means less and increased surface water quality.	Collect and test surface water pre- and post construction.
<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:	595,102	40.0%	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:	892,653	60.0%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>1,487,755</b>	<b>100%</b>	

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?

Yes

24a. If Yes, insert plan name and cite page numbers.

City of Sunny Isles Beach Comprehensive Plan - Infrastructure Objective 3 Policy 3A (page 100) and Capital Improvement Element Objective 1 (pages 73 and 78)

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?

50%

29. What is the estimated planning completion date?

12/31/2017

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?

02/28/2017

33. List all required permits.

South Florida Water Management District Environmental Resource Permit, Miami-Dade County Department of Regulatory & Economic Resources and Water & Sewer (WASD)

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?

December 31, 2019

HB 4117

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Sunny Isles Beach Golden Shores Pump Station;  
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. Sunny Isles Beach Golden Shores Pump Station is  
10 an Appropriations Project as defined in The Rules of The Florida  
11 House of Representatives and is described in Appropriations  
12 Project Request 389, herein incorporated by reference.

13           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
14 of \$595,102 from the General Revenue Fund is appropriated to the  
15 Department of Environmental Protection to fund the Sunny Isles  
16 Beach Golden Shores Pump Station as described in Appropriations  
17 Project Request 389.

18           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: Aventura NE 183rd Street Seawall Restoration Improvements
2. Date of Submission: 11/09/2017
3. House Member Sponsor: Joseph Geller  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					544,214	544,214

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.

liquidated damages in the amount of \$1,000/day for not completing the project within the contract time frame.

6. Requester:

- a. Name: Antonio Tomei
- b. Organization: City of Aventura, Miami-Dade County, FL
- c. Email: tomeit@cityofaventura.com
- d. Phone #: (305)466-8923

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

- a. Name: Antonio Tomei
- b. Organization: City of Aventura, Miami-Dade County, FL
- c. Email: tomeit@cityofaventura.com
- d. Phone #: (305)466-8923

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

- a. Name: Rana Brown
- b. Firm: Ronald L. Book, PA
- c. Email: rana@rbookpa.com
- d. Phone #: (306)935-1866

9. Organization or Name of entity receiving funds:

- a. Name: City of Aventura
- 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?

Design and repair of an existing seawall

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 checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Survey, structural design, bid and construction inspection services	22,384
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Construction services to prevent seawall failure and consequently structural failure to abutting City sidewalk and roadway through sealing and repairing of all cracks, spalls and pilasters	521,830
TOTAL		544,214

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:

Design Services awarded at the 11/3/15 City Commission Meeting. Construction bid award at the 5/2/17 City Commission Meeting.

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:

Seawall Investigation and restoration study completed by M.U. Engineers Inc. 2-10-16

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 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 checked="" type="checkbox"/> Other (Please describe): structural safety of seawall and road	prolonging the life of an existing seawall abutting a City sidewalk and roadway, will prevent structural failure of the ground and consequently prevent structural failure of the abutting City sidewalk and roadway. Pedestrians and vehicle safety will be the main benefit and outcome of this project.	reduction in repair work of the affected area, safety for pedestrians and vehicle traffic

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:	544,214	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:	544,215	50.0%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>1,088,429</b>	<b>100%</b>	

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?

existing City stormwater utility funds

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?

03/01/2017

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?

03/01/2017

33. List all required permits.

City of Aventura Public Works and Building Department, Miami-Dade County Department of Regulatory and Economic Resources.

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?

5

37. What is the estimated completion date of construction?

06/05/2018

HB 4119

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Aventura NE 183rd Street Seawall Restoration  
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. Aventura NE 183rd Street Seawall Restoration  
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 421, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$544,214 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Aventura NE  
17 183rd Street Seawall Restoration Improvements as described in  
18 Appropriations Project Request 421.

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: North Miami Beach Master Force Main Installation
2. Date of Submission: 11/09/2017
3. House Member Sponsor: Joseph Geller  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					670,650	670,650

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.

Penalties associated with non-compliance with Miami-Dade Consent Decree 24-42.2.

6. Requester:

- a. Name: Ana Garcia
- b. Organization: City of North Miami Beach
- c. Email: ana.garcia@citynmb.com
- d. Phone #: (305)948-2986

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

- a. Name: Jeffery Thompson
- b. Organization: NMB Water
- c. Email: jeffrey.thompson@citynmb.com
- d. Phone #: (305)948-2983

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

- a. Name: Rana Brown
- b. Firm: Ronald L. Book, PA
- c. Email: rana@rlbookpa.com
- d. Phone #: (850)224-3427

9. Organization or Name of entity receiving funds:

- a. Name: City of North Miami Beach
- 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?

This project seeks funds for the installation of an alternative Master Force Main designed to alleviate the threat of sewage spills and sanitary sewer overflows. With approximately 6,000 feet of new ductile iron pipe, this project will increase capacity and replace aging infrastructure. This project is a highly critical project necessary to ensure that the City of North Miami Beach's regional utility, NMB Water, meets compliance with Miami-Dade County Consent Decree 24-42.2.

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 checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Contracted services for inspections and certification of project	27,150
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Construction and Engineering	643,500
<b>TOTAL</b>		<b>670,650</b>

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:

Miami-Dade County Consent Decree, effective date December 6, 2013, under County Code Section 23-42.2.

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 will reduce the risk of sanitary sewer overflows and spillages in the service area. The project will also provide reliable	Increased sewer capacity and replacing aging infrastructure will result in fewer sewer overflows and spillages. This will be measured by

	wastewater collection and transmission for treatment.	documented overflows and spillages in the future.
<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	Sanitary Sewer Overflows and Spillages contaminate local watersheds, groundwater sources, and have a direct negative impact on local habitats and wildlife species.	Documented reduction in sewer overflows and spillages will demonstrate preservation/improvement of environmental health.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Sewer overflows and spillages present a direct public health issue, by introducing raw sewage into streets, parks, and other areas where people are present.	Documented reduction in sewer overflows and spillages will demonstrate a public health benefit.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Both businesses and residents benefit from this infrastructure upgrade, which will translate into more robust commercial investments and increased economic activity in these communities.	This project, once complete, improves infrastructure reliability/resiliency and alleviates potential hardships associated with wide-spread sewage spill and overflows.
<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	Improving this force main will allow for better wastewater collection and management. Having increased capacity and reliable collection and transmission to the treatment facility will allow for continual and reliable service.	Documented efficiencies, including fewer maintenance issues and breaks.
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Sanitary Sewer Overflows (SSOs) and spillages contaminate surface water quality by introducing raw sewage into water bodies.	Project completion will result in fewer breaks and spillage issues.
<input checked="" type="checkbox"/> Other (Please describe): COMPLIANCE WITH MIAMI-DADE CONSENT DECREE	Consent decree compliance.	Addresses Consent Decree concerns.

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:	670,650	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:	670,650	50.0%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>1,341,300</b>	<b>100%</b>	

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?

Wastewater 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.

This project is identified in NMB Water's Water & Wastewater Master Plan, page 14 (ES-12).

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?

10/06/2017

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?

10/06/2017

33. List all required permits.

Florida Department of Transportation, Miami-Dade County's Department of Environmental Resources Management, and City of Miami Gardens.

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

HB 4121

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           North Miami Beach Master Force Main Installation;  
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. North Miami Beach Master Force Main  
10 Installation is an Appropriations Project as defined in The  
11 Rules of The Florida House of Representatives and is described  
12 in Appropriations Project Request 423, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$670,650 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the North Miami  
17 Beach Master Force Main Installation as described in  
18 Appropriations Project Request 423.

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: Santa Rosa County Holley by the Sea Camden Drive Outfall Improvements Phase 2
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? 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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					820,000	820,000

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: Michael Schmidt
- b. Organization: Santa Rosa County
- c. Email: michaels@santarosa.fl.gov
- d. Phone #: (850)981-7100

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

- a. Name: Michael Schmidt
- b. Organization: Santa Rosa County
- c. Email: michaels@santarosa.fl.gov
- d. Phone #: (850)981-7100

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

- a. Name: Jon Johnson
- b. Firm: Johnson & Blanton
- c. Email: jon@teamj.com
- d. Phone #: (850)224-1900

9. Organization or Name of entity receiving funds:

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

The requested funds will help complete a series of improvements identified as a need for flood control and water quality improvement with the Holley by the Sea Drainage Improvements Project (Stormwater Study).

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 will provide for construction to implement flood control and water quality improvements.	820,000
<b>TOTAL</b>		<b>820,000</b>

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?

No

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:

An opinion of probable cost has been estimated within the Holley by the Sea Drainage Improvements Project (Stormwater Study).

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	Reduction in sediment deposition.	Outfall sampling and testing.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Reduction in flood depths.	Calls to Santa Rosa County Emergency and Public Works.
<input checked="" type="checkbox"/> Improve transportation conditions	Reduction in closed roads due to flooding.	Calls to Santa Rosa Emergency and Public Works.
<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	Reduction in flooding.	Number of aid requests to FEMA.
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Reduction in sediment discharge.	Outfall sampling and testing.
<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:	820,000	63.1%	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:	480,000	36.9%	Yes
5. Other:	0	0.0%	No
TOTAL	1,300,000	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?

1/2 cent local option sales tax

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?

Yes

24a. If Yes, insert plan name and cite page numbers.

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?

02/29/2016

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?

03/31/2018

33. List all required permits.

Environmental Resource Permit - Northwest Florida Water Management District, Dredge and Fill Permit - U.S. 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?

09/30/2019

1                                   A bill to be entitled  
 2           An act relating to the Appropriations Project titled  
 3           Santa Rosa County Holley by the Sea Camden Drive  
 4           Outfall Improvements Phase 2; providing an  
 5           appropriation; providing an effective date.

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

8  
 9           Section 1.   Santa Rosa County Holley by the Sea Camden  
 10 Drive Outfall Improvements Phase 2 is an Appropriations Project  
 11 as defined in The Rules of The Florida House of Representatives  
 12 and is described in Appropriations Project Request 1020, herein  
 13 incorporated by reference.

14           Section 2.   For fiscal year 2018-2019 the nonrecurring sum  
 15 of \$820,000 from the General Revenue Fund is appropriated to the  
 16 Department of Environmental Protection to fund the Santa Rosa  
 17 County Holley by the Sea Camden Drive Outfall Improvements Phase  
 18 2 as described in Appropriations Project Request 1020.

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: Apopka Asbestos-Cement Potable Water Main Replacement
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Jennifer Sullivan  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <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? 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.

## Standard Contractor Penalties

6. Requester:

- a. Name: Joe Kilsheimer, Mayor
- b. Organization: City of Apopka
- c. Email: jkilsheimer@apopka.net
- d. Phone #: (407)703-1701

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

- a. Name: R. Jay Davoll, P.E.
- b. Organization: City of Apopka
- c. Email: jdavoll@apopka.net
- d. Phone #: (407)703-1717

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

- a. Name: Chris Carmody
- b. Firm: Gray Robinson
- c. Email: chris.carmody@gray-robinson.com
- d. Phone #: (407)843-8880

9. Organization or Name of entity receiving funds:

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

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?

Funds will be expended to purchase materials and services to replace approximately 54,000 linear feet of asbestos-cement potable water main piping, ranging from 3 inches to 14 inches in diameter and disposal of asbestos-cement piping at an authorized hazardous waste disposal facility.

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	Providing materials and services to remove and replace approximately 54,000 linear feet of asbestos-cement potable water main piping, ranging from 3 inches to 14 inches in diameter and disposal of old pipe at an authorized hazardous facility	2,500,000

TOTAL		2,500,000
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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?

No

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 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	Piping replacement will improve water quality and eliminate the potential of asbestos leaching into the potable water supply.	Once the pipes are replaced, it will remove potential for asbestos to leach into the potable water supply. This outcome can be measured by testing for asbestos in the potable water supply.

<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:	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
<b>TOTAL</b>	<b>2,500,000</b>	<b>100%</b>	

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

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?

7/1/2018

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?

1/1/2019

33. List all required permits.

DEP Potable Water Construction Permits; Orange County Right of Way Permits

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?

1/1/2019



HB 4201

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Apopka Asbestos-Cement Potable Water Main Replacement;  
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. Apopka Asbestos-Cement Potable Water Main  
10 Replacement is an Appropriations Project as defined in The Rules  
11 of The Florida House of Representatives and is described in  
12 Appropriations Project Request 1243, herein incorporated by  
13 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 Apopka  
17 Asbestos-Cement Potable Water Main Replacement as described in  
18 Appropriations Project Request 1243.

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: Mount Dora Utility Extension to the Wolf Branch Innovation
2. Date of Submission: 12/01/2017
3. House Member Sponsor: Jennifer Sullivan  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
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.

## Standard Contractor Penalty

### 6. Requester:

- a. Name: John A. Peters, III, P.E.
- b. Organization: City of Mount Dora, Department of Public Works
- c. Email: petersj@cityofmountdora.com
- d. Phone #: (386)490-2522

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

- a. Name: John A. Peters, III, P.E.
- b. Organization: City of Mount Dora, Department of Public Works
- c. Email: petersj@cityofmountdora.com
- d. Phone #: (386)490-2522

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

- a. Name: John Wayne
- b. Firm: Peebles & Smith, LLC
- c. Email: john@peebles-smith.com
- d. Phone #: (850)681-7383

### 9. Organization or Name of entity receiving funds:

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

### 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 City of Mount Dora is planning to extend 16 inch potable water, 16 inch reclaimed water, 8 inch sanitary sewer and fiber optic lines to the 1300 acre Wolf Branch Innovation District, a mixed used development consisting of primarily institutional (Higher Education / Medical Center), business, business / commercial and a small component of residential. These lines will also allow for full compliance with the Wekiva Act restrictions on septic systems.

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 total construction is for the construction of 16 inch potable water, 16 inch reclaimed water, 8 inch sanitary sewer and fiber optics	1,000,000
<b>TOTAL</b>		<b>1,000,000</b>

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 City of Mount Dora has included this project in the Current Five Year Capital Improvement Plan. Lake County has been an active participant in this project and the Wolf Branch Innovation District.

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:

Both Lake County and the City of Mount Dora have initiated and completed several studies and are currently developing Marketing Material.

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 checked="" type="checkbox"/> Improve physical health	By providing utilities, the City and Lake County are actively pursuing medical uses that will benefit the physical health of City and County residents.	Once the Medical Facility is secured and built, the annual report on patients served will provide a detailed measurement.
<input checked="" type="checkbox"/> Improve mental health	By providing utilities, the City and Lake County are actively pursuing medical uses that will benefit the mental health of City and County residents	Once the Medical Facility is secured and built, the annual report on patients served will provide a detailed measurement.
<input checked="" type="checkbox"/> Enrich cultural experience	The Wolf Branch Innovation District is adjacent to the Wolf Branch Sink, which is a unique geological feature. In addition, this District is adjacent to the proposed Wekiva Trail Project.	Monitoring the usage at both of these sites.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	By providing utilities, the City and Lake County are actively pursuing higher education uses that will benefit City and County residents.	Monitoring total enrollment
<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	By placing this project adjacent to the Wekiva Parkway and the SR 429 Extension, traffic can reach the Orlando Market without adversely	FDOT routinely monitors traffic counts on major roadways.

	impacting the current road network.	
<input checked="" type="checkbox"/> Increase or improve economic activity	The purpose of the Wolf Branch Innovation District is designed specifically to improve economic activity in the area and improve per capita income.	Annual studies performed by the University of Florida will provide key data sets needed to monitor these factors.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	As a shovel ready construction project, these funds will immediately flow into the local employment base.	The bid price will note the amount of funds that will flow into the local economy.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	As an employment center, the Wolf Branch Innovation District was developed with the goal of improving economic self sufficiency of individuals.	Annual studies performed by the University of Florida will provide key data sets needed to monitor these factors.
<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	Wolf Branch Innovation District is located within the Wekiva Springs Watershed. By providing public sanitary sewer service, this future growth will not have adverse impact on the Wekiva Springs.	The City of Mount Dora, other utilities and the SJRWMD currently conduct ground water monitoring. This monitoring activity will document any impacts, positive or negative.
<input checked="" type="checkbox"/> Improve stormwater management	The area bounding by the Wolf Branch Innovation District currently includes numerous acres of agricultural use, the more urban use	The City of Mount Dora, other utilities and the SJRWMD currently conduct ground water monitoring. This monitoring activity will document any



	will include storm water management.	impacts, positive or negative.
<input checked="" type="checkbox"/> Improve groundwater quality	See the two previous sections on wastewater and stormwater management.	The City of Mount Dora, other utilities and the SJRWMD currently conduct ground water monitoring. This monitoring activity will document any impacts, positive or negative.
<input checked="" type="checkbox"/> Improve drinking water quality	The properties within the Innovation District will be converted from shallow wells to a public drinking water system that meets all FDEP and USEPA requirements.	Annual water quality reports submitted to the FDEP/
<input checked="" type="checkbox"/> Improve surface water quality	The area bounding by the Wolf Branch Innovation District currently includes numerous acres of agricultural use, the more urban use will include storm water management.	The City of Mount Dora, other utilities and the SJRWMD currently conduct ground water monitoring. This monitoring activity will document any impacts, positive or negative.
<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	20.0%	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:	4,000,000	80.0%	Yes

5. Other:	0	0.0%	No
TOTAL	5,000,000	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?

City of Mount Dora Water and Wastewater Funds (Enterprise Account)

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): FL Job Growth Grant Fund
- 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 Mount Dora Capital Improvement Plan (2016) and City of Mount Dora Utility Rate Study (2016)

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?

1/20/2017

30. What is the status of design?

- a. Ready
- b. Not Ready

31. What percentage of design has been completed?

30%

32. What is the estimated design completion date?

9/1/2017

33. List all required permits.

FDEP Water, FDEP Wastewater, FDOT Right of Way, Lack County Right of Way

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?

3/6/2018

HB 4207

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Mount Dora Utility Extension to the Wolf Branch  
4           Innovation; 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. Mount Dora Utility Extension to the Wolf Branch  
10 Innovation is an Appropriations Project as defined in The Rules  
11 of The Florida House of Representatives and is described in  
12 Appropriations Project Request 1399, 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 Mount  
17 Dora Utility Extension to the Wolf Branch Innovation as  
18 described in Appropriations Project Request 1399.

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: Feeding South Florida Community Kitchen
2. Date of Submission: 11/14/2017
3. House Member Sponsor: David Richardson  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					1,676,295	1,676,295

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? 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.

Lack of disaster preparedness and response in regard to essential supplies such as food and water.

6. Requester:

- a. Name: Paco Velez
- b. Organization: Feeding South Florida
- c. Email: pvelez@feedingsouthflorida.org
- d. Phone #: (954)518-1839

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

- a. Name: Sari Vatske
- b. Organization: Feeding South Florida
- c. Email: svatske@feedingsouthflorida.org
- d. Phone #: (954)518-1839

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

- a. Name: Jodi Davidson
- b. Firm: Colodny Fass
- c. Email: j davidson@colodnyfass.com
- d. Phone #: (954)492-4010

9. Organization or Name of entity receiving funds:

- a. Name: Feeding South Florida
- b. County (County where funds are to be expended): Palm Beach
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, Miami-Dade, Monroe, Palm Beach

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?

Feeding South Florida will develop a Community Kitchen that serves five purposes: production kitchen during disaster relief, the Afterschool Meals Program, Summer Food Service Program, and senior meals; provide workforce development and job placement through culinary training, catering social enterprise for long-term sustainability; as well as an "incubator" component that allows others to use the kitchen space; and provide cooking classes and nutrition education for families.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Vice President of Community Relations	14,274
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Director of Human Resources Staff Accountant Information Technology Manager	11,590
<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	Executive Chef (Director of Food Service) Sous Chef (Kitchen Manager) Line Staff, AM & PM Client Services Manager (Program Manager)	272,975
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Occupancy Insurance Maintenance Repairs Technology Purchased food Sourcing and warehousing donated	492,035



	food Supplies Printing/Copying	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Remodeling expenses Capital Equipment expenses	885,421
<b>TOTAL</b>		<b>1,676,295</b>

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:

Publix has contributed funds towards this project. A letter is available.

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?

Prepare and serve up to 30,000 meals per day during disaster-relief efforts. 2. Prepare and serve meals under state and federally funded programs including the Summer Food Service Program and the Afterschool Meals Program 3. Provide workforce development and job placement through culinary training program. 4. Provide catering services to generate income with which to sustain Kitchen operations beyond the initial funding period. 5. Provide cooking classes and nutrition education to families.

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

1. Meals 2. Job training 3. Business opportunity 4. Disaster relief 5. Nutrition education

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): Food insecure families

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	Participating community members will report improved progress toward target health indicators including blood sugar levels, body mass index, and blood pressure levels.	Participating community members will report baselines for target health indicators at the beginning of the project period. These indicators will be monitored periodically by program staff and will be recorded in program logs.
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input checked="" type="checkbox"/> Improve agricultural production/promotion/education	Pounds of produce rescued from local Florida Farms through this project. Much of the food used in the Community Kitchen will be rescued from Florida farms. Rescuing food from local farms prevents waste and decreases costs for local farmers. This also offers us the opportunity to promote Florida agriculture and educate citizens about the types and varieties of local foods produced.	Feeding South Florida uses the warehouse management system Primarius to track all of our inbound and outbound pounds to ensure we are accurately capturing our inventory. This same system will be used to track the number of pounds of locally donated food that are used in the Community Kitchen as well as the number of pounds of food that are distributed within the community.
<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	<p>By providing job training to community members annually for placement in the food services industry, the Community Kitchen will have immediate effect on the economic activity of the community.</p>	<p>Feeding South Florida will keep program logs of each community member that receives culinary arts training through the Community Kitchen. These individuals will be asked to report back to FSF quarterly on their employment status until they find full time work.</p>
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	<p>Create four new jobs immediately, provide job training for community members annually for placement in the food services industry.</p>	<p>Feeding South Florida will keep program logs of each community member that receives culinary arts training through the Community Kitchen. These individuals will be asked to report back to FSF quarterly on their employment status until they find full time work.</p>
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	<p>Participating community members will see a decrease in their food budget shortfall.</p>	<p>Feeding South Florida will administer program surveys to assess the total weekly food budget shortfall for each participating community member. These surveys will be administered quarterly among community members to track progress.</p>

<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:	1,676,295	91.8%	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:	0	0.0%	No
5. Other:	150,000	8.2%	Yes
<b>TOTAL</b>	<b>1,826,295</b>	<b>100%</b>	

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

No

HB 4211

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Feeding South Florida Community Kitchen; 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. Feeding South Florida Community Kitchen 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 935, herein incorporated by reference.

12           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
13 of \$1,676,295 from the General Revenue Fund is appropriated to  
14 the Department of Agriculture and Consumer Services to fund the  
15 Feeding South Florida Community Kitchen as described in  
16 Appropriations Project Request 935.

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: St. Augustine West 2nd Street Sanitary Sewer
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Cyndi Stevenson  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					400,000	400,000

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 of state funds.

6. Requester:

- a. Name: John Regan
- b. Organization: City of St. Augustine
- c. Email: jregan@citystaug.com
- d. Phone #: (904)825-1006

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

- a. Name: Martha Graham
- b. Organization: City of St. Augustine
- c. Email: mgraham@citystaug.com
- d. Phone #: (904)825-1040

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

- a. Name: Lena Juarez
- b. Firm: JEJ & Associates, Anfield Consulting
- c. Email: lena@jejassoc.com
- d. Phone #: (850)212-8330

9. Organization or Name of entity receiving funds:

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

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?

Raise the socio-economic status of West Augustine, improve groundwater and drinking water well quality, and increase storm hardening by constructing a sanitary sewer system along West 2nd Street between South St. Johns Street and Duval Street. Eliminate septic tanks that contribute to deterioration of groundwater quality and "float" during storm events, causing significant environmental and health hazards for the community.

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	Improve groundwater and drinking water well quality, and increase storm hardening by constructing a sanitary sewer system along West 2nd Street between South St. Johns Street and Duval Street. Eliminate septic tanks that contribute to deterioration of	400,000

	groundwater quality and "float" during storm events, causing significant environmental and health hazards for the community.	
TOTAL		400,000

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:

City of St. Augustine, City Commission vote of support, during regular commission meeting held on August 28, 2017 and also prior year on January 23, 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?

Yes

16a. Please Describe:

FDEP has completed a study of sanitary sewer overflows in the State; St. Augustine was one of the cities cited in the report. The investigation was ordered by Governor Scott and the study was completed by RS&H Consulting Engineers, January 2017.

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	Installation of sanitary gravity sewer system will improve the quality of groundwater.	Monitor water quality in surface water bodies adjacent to project area.
<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	Increased economic/property values.	Assessed value increase.
<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	Installation of a sanitary gravity sewer system will improve surface and ground water bodies. Reduce septic tank failures.	Monitor permits for septic tank repair/replacement. Monitor surface water quality samples.
<input checked="" type="checkbox"/> Improve stormwater management	Reduces opportunity of septic tank overflows into stormwater management systems - reduces flow and increases/improves water quality.	Measure stormwater collection system water quality samples.
<input checked="" type="checkbox"/> Improve groundwater quality	Installation of a sanitary gravity sewer system will improve surface and ground water bodies. Reduce septic tank failures.	Monitor surface water quality samples.
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Installation of a sanitary gravity sewer system will improve surface and ground water bodies. Reduce septic tank failures.	Monitor surface water quality samples.
<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:	400,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d,	0	0.0%	No

Column F)			
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	400,000	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?

City of St. Augustine, Utility Water & Sewer Sales

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 St. Augustine West Augustine CRA, Water and Sewer Master Plan

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?

August 1, 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?

August 1, 2017

33. List all required permits.

FDEP Wastewater Collection System Permit, St. Johns County Right of Way 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?  
03/31/2019

HB 4223

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           St. Augustine West 2nd Street Sanitary Sewer;  
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. Augustine West 2nd Street Sanitary Sewer is  
10 an Appropriations Project as defined in The Rules of The Florida  
11 House of Representatives and is described in Appropriations  
12 Project Request 1166, herein incorporated by reference.

13           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
14 of \$400,000 from the General Revenue Fund is appropriated to the  
15 Department of Environmental Protection to fund the St. Augustine  
16 West 2nd Street Sanitary Sewer as described in Appropriations  
17 Project Request 1166.

18           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: Central Florida Zoo and Botanical Gardens Hurricane Stormwater Mitigation and Septic to Sewer

2. Date of Submission: 12/06/2017

3. House Member Sponsor: Scott Plakon

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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					900,000	900,000

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.

we will abide by the standards given by DEP, and will follow their penalties

6. Requester:

- a. Name: Dino Firm
- b. Organization: Central Florida Zoo and Botanical Gardens
- c. Email: dinof@centralfloridazoo.org
- d. Phone #: (407)323-4450

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

- a. Name: Dino Firm
- b. Organization: Central Florida Zoo and Botanical Gardens
- c. Email: dinof@centralfloridazoo.org
- d. Phone #: (407)323-4450

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

- a. Name: Chris Carmody
- b. Firm: Gray- Robinson
- c. Email: chris.carmody@gray-robinson.com
- d. Phone #: (407)843-8880

9. Organization or Name of entity receiving funds:

- a. Name: Central Florida Zoo and Botanical Gardens
- b. County (County where funds are to be expended): Seminole
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

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?

Through the removal of zoo septic systems and the integration onto city sewer systems will improve stormwater, groundwater and surface water quality. In addition, installation of flood control measures will prevent the devastating effects of flooding to animal habitats, life support systems, and education facilities. Currently, there is still flooding on property due to Hurricane Irma as the property is the last land to collect water from Orlando before entering the St. John's River.

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 checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Self Contained automatic generators	300,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Electrical upgrades and generator hookup. Addition of two sewer lift stations	275,000
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Flood control measures such and construction of berm, elevation of roads and creek and stream	325,000

	management	
TOTAL		900,000

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:

Representatives from the Central Florida Zoo have met with Seminole County officials and all parties are in agreement of the need to mitigate these issues

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 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	Improve wastewater management by reducing septic systems already in use. New sewer lines will eliminate the need to be on current septic systems	Removal of current septic systems and Documentation by city of Sanford Utilities



<input checked="" type="checkbox"/> Improve stormwater management	Improve storm water management by implementing storm water drainage through multiple preventative measures to be better prepared for future weather events	Documentation of low impact design techniques and infrastructure practices
<input checked="" type="checkbox"/> Improve groundwater quality	Improve groundwater quality by removal of all septic systems	Removal of current septic systems and Documentation by city of Sanford Utilities
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Improve surface water quality by reducing pollutants which affect water quality	Removal of current septic systems and Documentation by city of Sanford Utilities
<input checked="" type="checkbox"/> Other (Please describe): Flood Prevention	reduce or Prevent the detrimental effects of flooding to animal habitats and educational facilities	Install flood control methods, property management of creeks and streams and monitoring of erosion control

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:	900,000	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	900,000	100%	
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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?  
this is not an ongoing operation
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?

25%

29. What is the estimated planning completion date?

2018

30. What is the status of design?

a. Ready

b. Not Ready

31. What percentage of design has been completed?

25%

32. What is the estimated design completion date?

2018

33. List all required permits.

St. John's Water Management (approval), Civil Engineering permits for storm water management, Geo testing, and underground utility permits for water, sewer, fire & electrical.

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?

2018

HB 4267

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Central Florida Zoo and Botanical Gardens Hurricane  
4           Stormwater Mitigation and Septic to Sewer; providing  
5           an appropriation; providing an effective date.

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

8  
9           Section 1. Central Florida Zoo and Botanical Gardens  
10 Hurricane Stormwater Mitigation and Septic to Sewer is an  
11 Appropriations Project as defined in The Rules of The Florida  
12 House of Representatives and is described in Appropriations  
13 Project Request 1403, herein incorporated by reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$900,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Central  
17 Florida Zoo and Botanical Gardens Hurricane Stormwater  
18 Mitigation and Septic to Sewer as described in Appropriations  
19 Project Request 1403.

20           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: Hardee County Regional Wastewater Improvements, Phase 6
2. Date of Submission: 11/06/2017
3. House Member Sponsor: Holly Raschein  
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	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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <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		910,000	910,000

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.

Non-payment of invoices.

6. Requester:

- a. Name: Lexton H. Albritton
- b. Organization: County Manager, Hardee County Board of County Commissioners
- c. Email: lex.albritton@hardeecounty.net
- d. Phone #: (863)773-9430

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

- a. Name: Lexton H. Albritton
- b. Organization: County Manager, Hardee County Board of County Commissioners
- c. Email: lex.albritton@hardeecounty.net
- d. Phone #: (863)773-9430

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: Hardee County Board of County Commissioners
- 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?

Plant support facilities and extend wastewater lines to include 23 nitrate impacted homes with removal of the private septic systems contributing to nitrate infiltration in the economically depressed residential area affecting approximately 400+/- area homes. Project protects public health, safety, and environment by providing clean, safe waters and eliminates hazardous leaking septic systems by providing central provider for infrastructure water & sewer for existing/new homes and enterprises.

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.	910,000
<b>TOTAL</b>		<b>910,000</b>



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:

Nitrate citations, Comprehensive Plan

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:

SRF Facilities Plan, Comprehensive Plan, Regional Master 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 checked="" type="checkbox"/> Improve physical health	Reduction of contaminants leaching from private failing septic systems into drinking water and ground water.	Removal of 23 failing septic systems, reduction of nitrates.
<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 contaminants leaching from private failing septic systems into drinking water and ground water.	Removal of 23 failing septic systems, 100% effluent re-use, reduction of pollutants entering Charlotte Harbor and Peace River, addressing permit requirements.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Reduction of contaminants leaching from private failing septic systems into drinking water and ground water.	Removal of 23 failing septic systems, reduction of nitrates and contaminants entering the water supply sources, addressing permit requirements.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Keep Floridians working.	Employment maintained from the project.
<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	Reduction of contaminants leaching from private failing septic systems into drinking water and ground water.	Removal of 23 private failing septic systems and adding to regional wastewater treatment system, reduction of contaminants entering water supply sources - Peace River/Charlotte Harbor, 100% effluent re-used, saving water resources, addressing permit requirements.
<input checked="" type="checkbox"/> Improve stormwater management	Reduction of contaminants leaching from private failing septic systems into drinking water and ground water.	Removal of 23 private failing septic systems and adding to regional wastewater treatment system, reduction of contaminants entering water supply sources - Peace River/Charlotte Harbor, 100% effluent re-used, saving water resources, addressing permit requirements.
<input checked="" type="checkbox"/> Improve groundwater quality	Reduction of contaminants leaching from private failing septic systems into drinking water and ground water.	Removal of 23 private failing septic systems and adding to regional wastewater treatment system, reduction of contaminants entering water supply sources - Peace River/Charlotte Harbor, 100% effluent re-used, saving water resources, addressing permit requirements.
<input checked="" type="checkbox"/> Improve drinking water quality	Reduction of contaminants leaching from private failing septic systems into drinking water and ground water.	Removal of 23 private failing septic systems and adding to regional wastewater treatment system, reduction of contaminants entering water supply sources - Peace River/Charlotte Harbor, 100% effluent re-used, saving water resources,

		addressing permit requirements.
<input checked="" type="checkbox"/> Improve surface water quality	Reduction of contaminants leaching from private failing septic systems into drinking water and ground water.	Removal of 23 private failing septic systems and adding to regional wastewater treatment system, reduction of contaminants entering water supply sources - Peace River/Charlotte Harbor, 100% effluent re-used, saving water resources, addressing permit requirements.
<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:	910,000	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
<b>TOTAL</b>	<b>910,000</b>	<b>100%</b>	

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?

Utilities 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): SHIP
- 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.

Post Hurricane Master Recovery Plan, Comprehensive Plan, Regional Master Plan

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?

10/03/2017

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, SWFWMD
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

HB 4271

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Hardee County Regional Wastewater Improvements, Phase  
4           6; 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. Hardee County Regional Wastewater Improvements,  
10 Phase 6 is an Appropriations Project as defined in The Rules of  
11 The Florida House of Representatives and is described in  
12 Appropriations Project Request 236, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$910,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Hardee County  
17 Regional Wastewater Improvements, Phase 6 as described in  
18 Appropriations Project Request 236.

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: Flagler County Mala Compra Basin Water Quality Enhancement Project
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Paul Renner  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					1,500,000	1,500,000

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.

Loss of funding.

6. Requester:

- a. Name: Craig Coffey
- b. Organization: Flagler County Board of County Commissioners
- c. Email: ccoffey@flaglercounty.org
- d. Phone #: (386)313-4001

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

- a. Name: Craig Coffey
- b. Organization: Flagler County Board of County Commissioners
- c. Email: ccoffey@flaglercounty.org
- d. Phone #: (386)313-4001

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

- a. Name: Lester Abberger
- b. Firm: Florida Lobby Associates, Inc.
- c. Email: lesterabberger@nettally.com
- d. Phone #: (850)524-2779

9. Organization or Name of entity receiving funds:

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

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, located in Flagler County near Washington Oaks Gardens State park, will help alleviate chronic flooding problems & improve water quality. Approx. 1,000 homes are affected by flooding during heavy rain events; many utilize septic systems that become non-functional during flood periods, which restricts access to public transp. services & medical supply deliveries. The project will make improvements to existing untreated storm water system, which discharges into the Intracoastal Water

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 checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Consulting Services.	150,000
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Costs in construction of a separate, re-directed storm water system.	1,350,000
<b>TOTAL</b>		<b>1,500,000</b>

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:

Multiple public town hall meetings were held, as well as letters and emails received showing great community support. Pictures of severe flooding were taken during Hurricanes Matthew and Irma, and recent Nor'easter; Engineering Reports have been compiled.

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:

An engineering firm was hired and conducted a study for flooding of ongoing residential neighborhoods.

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	Decrease nutrient rich water levels that contribute to the problem of both septic tank leachate and the untreated freshwater being discharged to the Intracoastal Waterway and adjacent to Class II Waters.	Strict Construction monitoring and permit compliance for storm water quality standards and septic tank leachate discharges will provide protection for adjacent State Waters, which will greatly reduce the current pollution issues for the Mala Compra area.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Mitigate flooding during moderate rainfall events that will help mitigate the current water pollution issues in the Mala Compra region that has been draining into the Intracoastal Waterway and adjacent to Class II Waters.	Strict Construction monitoring and permit compliance for storm water quality standards and septic tank leachate discharges will provide protection for adjacent State Waters, which will greatly improve the current pollution issues for the Mala Compra area.
<input checked="" type="checkbox"/> Improve transportation conditions	Flood protection will be achieved by granting ingress/egress for emergency and first responders, medical supply deliveries, and the public after storm events such as Hurricanes Matthew and Irma.	Control of flooding during flooding events such as Hurricanes Matthew and Irma. Improvements in public safety by allowing access for emergency and first responders, medical supply deliveries, and the public.
<input checked="" type="checkbox"/> Increase or improve economic activity	Opportunities for new housing, jobs,	New construction and tourism

	and recreational opportunities.	analysis post-construction.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Create specific and immediate construction job opportunities.	Number of Employees Working on the Construction Project.
<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	Decrease nutrient rich water levels that contribute to the problem of both septic tank leachate and the untreated freshwater being discharged to the Intracoastal Waterway.	Strict Construction monitoring and permit Strict compliance for storm water quality standards and septic tank leachate discharges will provide protection for adjacent State Waters.
<input checked="" type="checkbox"/> Improve stormwater management	Mitigate flooding during moderate rainfall events.	Testing of the storm water system pre- and post-construction.
<input checked="" type="checkbox"/> Improve groundwater quality	State water quality standards for storm water will be vastly improved adjacent to Class II Waters.	Strict Construction monitoring and permit compliance for storm water quality standards and septic tank leachate discharges will provide protection for adjacent State Waters.
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	State water quality standards for storm water will be vastly improved adjacent to Class II Waters.	Strict Construction monitoring and permit compliance for water quality standards and septic tank leachate discharges will provide protection for

		adjacent State Waters.
<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:	1,500,000	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
<b>TOTAL</b>	<b>1,500,000</b>	<b>100%</b>	

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?

Drainage Assessment for maintenance, other local gas tax funding.

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?

12/31/2015

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?

12/31/2015

33. List all required permits.

St. John's River Water Management District; 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?

1/31/2018

HB 4277

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Flagler County Mala Compra Basin Water Quality  
4           Enhancement Project; 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. Flagler County Mala Compra Basin Water Quality  
10 Enhancement 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 905, herein  
13 incorporated by reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$1,500,000 from the General Revenue Fund is appropriated to  
16 the Department of Environmental Protection to fund the Flagler  
17 County Mala Compra Basin Water Quality Enhancement Project as  
18 described in Appropriations Project Request 905.

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: Flagler County Flooding and Environmental Mitigation Water Control Project Phase 1

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Paul Renner

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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					750,000	750,000

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.

Loss of funding.

6. Requester:

- a. Name: Craig Coffey
- b. Organization: Flagler County Board of County Commissioners
- c. Email: ccoffey@flaglercounty.org
- d. Phone #: (386)313-4001

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

- a. Name: Craig Coffey
- b. Organization: Flagler County Board of County Commissioners
- c. Email: ccoffey@flaglercounty.org
- d. Phone #: (386)313-4001

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

- a. Name: Lester Abberger
- b. Firm: Florida Lobby Associates, Inc.
- c. Email: lesterabberger@nettally.com
- d. Phone #: (850)524-2779

9. Organization or Name of entity receiving funds:

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

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?

Funding would be for Phase I of a long-term legacy project that would allow the collection of data, analysis, and the creation of a blueprint for west Flagler County to develop future projects that reduce flooding, treat storm water before discharge, and potentially provide potable drinking water for residents and alternative water supply for agricultural usage.

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 Consulting Services for data, analysis and study.	750,000
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		750,000

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:

Public meeting with farmers and County Commission.

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	Continued agricultural production that has so far been stymied by major flooding events such as Hurricanes Matthew and Irma.	Return of Agricultural production levels.
<input type="checkbox"/> Improve quality of education		
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and	Preserve surrounding environment	Return of fertile agricultural lands and

wildlife quality	while also improving area wildlife who live off the area's surficial water supplies.	local wildlife.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Reduce flooding, provide stormwater treatment before discharge, and furnish safe potable drinking water for residents, and alternative supply for agricultural usage.	Strict Construction monitoring and permit compliance for storm water quality standards.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Increase current agricultural production levels that have been stymied by major flooding events such as Hurricanes Matthew and Irma.	Return of Agricultural production levels.
<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	Avoid septic tank flooding, and diminish contamination of the existing ground water aquifer and future agriculture produce.	Testing of the storm water pre and post construction.
<input checked="" type="checkbox"/> Improve stormwater management	Storage and drainage	Annual inspection to verify reduction in peak stages of storm water



		flooding.
<input checked="" type="checkbox"/> Improve groundwater quality	Storage and drainage	Annual inspection to verify reduction in peak stages of storm water flooding.
<input checked="" type="checkbox"/> Improve drinking water quality	Reduce flooding, storm water treatment before discharge, and provide additional safe potable drinking water for residents.	Testing of the storm water pre- and post-construction.
<input checked="" type="checkbox"/> Improve surface water quality	Storage and drainage	Testing of the storm water pre- and post-construction.
<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:	750,000	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
<b>TOTAL</b>	<b>750,000</b>	<b>100%</b>	

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?

Gas Tax

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.

County budgeted project.

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?  
6/30/2018
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.  
St. Johns River Water Management District
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?  
12/31/2022

HB 4279

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Flagler County Flooding and Environmental Mitigation  
4           Water Control Project Phase 1; providing an  
5           appropriation; providing an effective date.

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

8  
9           Section 1. Flagler County Flooding and Environmental  
10 Mitigation Water Control Project Phase 1 is an Appropriations  
11 Project as defined in The Rules of The Florida House of  
12 Representatives and is described in Appropriations Project  
13 Request 895, herein incorporated by reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$750,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Flagler  
17 County Flooding and Environmental Mitigation Water Control  
18 Project Phase 1 as described in Appropriations Project Request  
19 895.

20           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: Flagler Beach Wastewater Treatment Plant Improvements

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Paul Renner

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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		450,000	450,000		1,627,500	1,627,500

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.

Fines and cleanup costs in the event of a Sanitary Sewer Overflow (SSO).

6. Requester:

- a. Name: Larry Newsom
- b. Organization: City Manager, City of Flagler Beach
- c. Email: lnewsom@cityofflaglerbeach.com
- d. Phone #: (386)517-2000

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

- a. Name: Fred Griffith
- b. Organization: City Engineer, City of Flagler Beach
- c. Email: fgriffith@cityofflaglerbeach.com
- d. Phone #: (386)517-2000

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

- a. Name: Edgar Fernandez
- b. Firm: Anfield Consulting Group
- c. Email: edgar@anfieldflorida.com
- d. Phone #: (786)255-5755

9. Organization or Name of entity receiving funds:

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

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 influent pump station at the city-owned wastewater treatment plant has reached the end of its useful life. In addition, there is no back up generator at the plant. If the pump were to fail, or if there is a loss of power from a storm or similar disaster, either one of these conditions could result in a sanitary sewer overflow (SSO). Our plant is located adjacent to wetlands and very near the Intracoastal Waterway. Prevention of sewage contamination is the goal.

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	Design, construction and installation of a generator and influent pump station with all appurtenances.	1,627,500
<b>TOTAL</b>		<b>1,627,500</b>



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:

On February 9, 2017, the City Commission approved a request by the City Manager to apply to the State Legislature for \$750,000 in funds. These meetings are open to the public - there was no voiced opposition. At the City Commission meeting on October 12, 2017, the City Manager presented his plans to apply to the Legislature for approximately 2 million dollars for improvements at our rapidly aging wastewater treatment plant.

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 City Council approved an operations evaluation study in August 2016 for \$13,000, and a comprehensive engineering study to identify capacity, efficiency, necessary upgrades and biosolids disposal methods in June 2017 for \$98,650. Both were paid for with City Capital Improvement Funds.

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	Preserve environmental quality by avoidance of a sanitary sewer overflow that could cause harm, and - depending on the size of the spill - take months to clean up.	If a sanitary sewer overflow is avoided, then there is a very positive outcome.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Protect the general public from environmental harm if a sanitary sewer overflow were to flow down city streets and into yards, into wetlands, or into the Intracoastal Waterway.	If a sanitary sewer overflow is avoided, then the general public is protected.
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input checked="" type="checkbox"/> Increase tourism	Flagler Beach is a tourist dependent community. Having the City 's Wastewater Treatment Plant function optimally is vital to our continued success as a tourist destination.	News of sewer problems in a city could kill tourism faster than an approaching category 5 hurricane.
<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	These improvements will directly benefit wastewater management as a new influent pump will replace one approaching failure, and the generator will ensure power to continue to pump and process waste.	Success is measured in a lift station pump functioning optimally, and a generator to maintain operations during a power outage, with no catastrophic overflows of wastewater.
<input type="checkbox"/> Improve stormwater management		
<input checked="" type="checkbox"/> Improve groundwater quality	A sanitary sewer overflow could result in raw sewage seeping into the groundwater table.	No Sanitary Sewer Overflows (SSO) means no threat to groundwater quality.
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	A sanitary sewer overflow could result in raw sewage flowing into the nearby wetlands and / or the Intracoastal Waterway.	No Sanitary Sewer Overflows (SSO) means no threat to groundwater 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:	1,627,500	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:	542,500	25.0%	No
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>2,170,000</b>	<b>100%</b>	

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?

## Utility Base 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.)

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?

15

29. What is the estimated planning completion date?

1/31/2018

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?

5/31/2018

33. List all required permits.

Florida Department of Environmental Protection

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?

5/31/2019

HB 4283

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Flagler Beach Wastewater Treatment Plant 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. Flagler Beach Wastewater Treatment Plant  
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 997, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$1,627,500 from the General Revenue Fund is appropriated to  
16 the Department of Environmental Protection to fund the Flagler  
17 Beach Wastewater Treatment Plant Improvements as described in  
18 Appropriations Project Request 997.

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: Bunnell Swales and Culvert Rehabilitation
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Paul Renner  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <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.

N/A

6. Requester:

- a. Name: Catherine Robinson
- b. Organization: Mayor, City of Bunnell
- c. Email: crobinson@bunnellcity.us
- d. Phone #: (386)437-7500

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

- a. Name: Daniel Davis
- b. Organization: City Manager, City of Bunnell
- c. Email: ddavis@bunnellcity.us
- d. Phone #: (386)437-7500

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

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 City of Bunnell swales & culverts are compromised and restrict the flow of drainage, causing areas to flood and threaten property and public safety. To retrofit City-wide and meet current standards, the City is met with a great burden to fund with our budget. Additionally, standing water and flooding has infiltrated the sewer system and caused high flows and operating costs. Funding the project to retrofit and correct drainage issues will benefit flood protection and system effectiveness.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Project Management - 5%	40,000
<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	Contracted Flood Study - 4%	32,000
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Construction - 70% Contracted Surveying - 6%	608,000
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Engineering for Design and Planning of Project - 15%	120,000
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:

Currently, the City discusses at the City Commission Meetings the progress and improvements to the flooding concerns involving drainage, culverts, and swales. This is a public meeting with opportunities for comment from the citizens to voice their concerns to the City. This project was also presented at the Flagler County Legislative Delegation Meeting.

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	Reduction of nutrient loading due to overloaded flows processed at the Wastewater Treatment Plant. Excess flows cause wet weather discharge to surface water streams and wildlife environments	Documentation of Nutrient Loadings reported on FDEP Wastewater Treatment Plant Operational Permit. Documents flows, sample results, and total pounds discharged monthly.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Eliminating flooding to commercial and residential properties. Saves citizens on property damage and improves quality of life.	Public meetings held provide opportunities for citizens to voice concerns. Expected reduction in damages and voiced concerns and complaints.
<input checked="" type="checkbox"/> Improve transportation conditions	Prevent closed roads impeding traffic for citizens due to flood waters.	Reduction in road closures conducted by the City and Department of Transportation.
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Contracted work and design surveying creates construction based jobs.	Based on the capital requested for funding by the state, the project will stimulate local job creation.
<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	Standing flood waters create excess flows into public sewer systems. High flows and loading from storm-water increases operational costs, exceeds capacity limits, and causes wet weather discharge.	Monitoring utility operational costs, Florida Department of Environmental Protection discharge monitoring reports and limiting nutrient loading on surface waters.
<input checked="" type="checkbox"/> Improve stormwater management	Improve the amount of drainage from isolated areas with elevation concerns.	Monitor and measure flows from storm-water swales that leave the area to designated water shed.
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Reduction in nitrogen and phosphorus production.	Reduces the nitrogen and phosphorus loadings on downstream water sheds measured from the City Wastewater Plants Monitoring Reports.
<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	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	800,000	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?

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?

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?

25%

29. What is the estimated planning completion date?

11/15/2018

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?

2/12/2019

33. List all required permits.

Locates 811, self entitled utility easements.

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?

10%

37. What is the estimated completion date of construction?

4/22/2020



HB 4285

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Bunnell Swales and Culvert Rehabilitation; providing  
4           an appropriation; providing an effective date.

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

7  
8           Section 1. Bunnell Swales and Culvert Rehabilitation 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 1000, 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 Bunnell  
15 Swales and Culvert Rehabilitation as described in Appropriations  
16 Project Request 1000.

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: Mount Sinai Regional Emergency Preparedness Project Critical Healthcare Water Supply

2. Date of Submission: 12/06/2017

3. House Member Sponsor: Daniel Perez

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 <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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
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.

Agency contracts contains land use restrictions with a lien that fully secures the amount of the appropriation for completion of the project and for operating terms to be communicated for years past the receipt of funds and close out of the agency funding.

6. Requester:

- a. Name: Steve Sonenreich
- b. Organization: Mount Sinai Medical Center of Florida, Inc.
- c. Email: Steven.Sonenreich@msmc.com
- d. Phone #: (305)674-2223

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

- a. Name: Stacy Kilroy
- b. Organization: Mount Sinai Medical Center of Florida, Inc.
- c. Email: skilroy@msmc.com
- d. Phone #: (305)674-2209

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

- a. Name: Greg Turbeville
- b. Firm: Ballard Partners
- c. Email: greg@ballardfl.com
- d. Phone #: (850)224-2859

9. Organization or Name of entity receiving funds:

- a. Name: Mount Sinai Medical Center of Florida, Inc.
- 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 project will add an emergency access only connection to Miami Dade County's existing 36" water main which is installed along the east bound lane of the Julia Tuttle Causeway (I195/SR112) or by connecting in an alternative method. The project will protect the critical healthcare water supply for hospital patients at the second most popular tourist area in the State, the Miami Beach barrier island, which is locked down during regional disaster events

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	Connection to 36" water main or other redundant water supply for hospital from the mainland of Miami	1,000,000
<b>TOTAL</b>		<b>1,000,000</b>

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?

No

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.)	NO WATER AT HOSPITAL	Without drinking water the hospital cannot serve the community to it's full potential
<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	MAINTAIN WATER EMERGENCY SITUATION	Document
<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:	1,000,000	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
<b>TOTAL</b>	<b>1,000,000</b>	<b>100%</b>	

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?

YES As a private entity, Mount Sinai funds itself.

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?

Yes



24a. If Yes, insert plan name and cite page numbers.

City of Miami Beach Hospital District Masterplan 2015-2025, page 8 The project will be added in next update of the CMB Hospital District Masterplan

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?

80%

29. What is the estimated planning completion date?

June 30, 2018

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?

December 31, 2018

33. List all required permits.

Miami Beach, Miami Dade County, Florida 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?

June 30, 2019

HB 4287

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Mount Sinai Regional Emergency Preparedness Project  
4           Critical Healthcare Water Supply; providing an  
5           appropriation; providing an effective date.

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

8  
9           Section 1. Mount Sinai Regional Emergency Preparedness  
10 Project Critical Healthcare Water Supply is an Appropriations  
11 Project as defined in The Rules of The Florida House of  
12 Representatives and is described in Appropriations Project  
13 Request 1402, herein incorporated by 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 Mount  
17 Sinai Regional Emergency Preparedness Project Critical  
18 Healthcare Water Supply as described in Appropriations Project  
19 Request 1402.

20           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: Tamarac - The Boulevards Stormwater Drainage Repair and Pipe Lining
2. Date of Submission: 11/09/2017
3. House Member Sponsor: Jared Moskowitz  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <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 reserves the right to recover any ascertainable actual damages incurred as a result of the failure of the Contractor to perform, or for losses.

6. Requester:

- a. Name: Michael Gresek
- b. Organization: City of Tamarac
- c. Email: michael.gresek@tamarac.org
- d. Phone #: (954)597-3562

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

- a. Name: Michael Gresek
- b. Organization: City of Tamarac
- c. Email: michael.gresek@tamarac.org
- d. Phone #: (954)597-3562

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

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

9. Organization or Name of entity receiving funds:

- a. Name: City of Tamarac
- 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 five goals of the project are to (1) Prevent another catastrophic failure within the existing City of Tamarac Stormwater System (2) Preclude substantial private property damage from another stormwater system failure and subsequent construction (3) Rehabilitation of the recharge system of several lakes in the Tamarac Lakes North residential community (4) Avert severe erosion issues that would harm both the environment and marine life.

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 work shall include, but is not limited to, verification of existing drainage facilities, modifications to existing drainage system, repair/replace existing drainage pipe, adjustment of any conflicting utilities,	500,000

	adjustment or replacement of existing above.	
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:

Municipal Resolution passed at the 9/13/17 City Commission Meeting; City of Tamarac FY2018 Adopted Budget Amendment to be held November 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	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 checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Water levels recorded at lakes	SCADA (Supervisory Control And Data Acquisition) computer system that monitors water levels
<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 checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Low water levels recorded at lakes will result in erosion, pollutants entering water, and sea-wall damage/collapse. These sea-walls are owned by the residents of the community.	SCADA (Supervisory Control And Data Acquisition) computer system that monitors water levels
<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 Mitigation; Recharging of water levels providing ample water supply to raw wells and prevention of soil erosion and sea-wall damage	SCADA (Supervisory Control And Data Acquisition) computer system that monitors water levels
<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:	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%	No
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?

City of Tamarac Stormwater 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.)

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?

25%

29. What is the estimated planning completion date?

2/28/18

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?

4/30/18

33. List all required permits.

Broward County Environmental Protection & Growth Management Dept - Surface Water Management Permit City of Tamarac Engineering 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?

2/28/19

HB 4301

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Tamarac - The Boulevards Stormwater Drainage Repair  
4           and Pipe Lining; providing an appropriation; providing  
5           an effective date.

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

9           Section 1. Tamarac - The Boulevards Stormwater Drainage  
10 Repair and Pipe Lining is an Appropriations Project as defined  
11 in The Rules of The Florida House of Representatives and is  
12 described in Appropriations Project Request 453, herein  
13 incorporated by reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$500,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Tamarac - The  
17 Boulevards Stormwater Drainage Repair and Pipe Lining as  
18 described in Appropriations Project Request 453.

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: Monroe County Mobile Vessel Pumpout Service
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Holly Raschein  
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	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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <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		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.

Funds will not be dispersed unless deliverables are met and vessels serviced.

6. Requester:

- a. Name: George Neugent
- b. Organization: Mayor, Monroe County Board of County Commissioners
- c. Email: neugent-george@monroecounty-fl.gov
- d. Phone #: (305)292-4512

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

- a. Name: Rich Jones
- b. Organization: Monroe County
- c. Email: jones-rich@monroecounty-fl.gov
- d. Phone #: (305)292-4512

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

- a. Name: Robert Reyes
- b. Firm: Capitol Group, Inc.
- c. Email: rreyes@capitolgrp.cm
- d. Phone #: (850)509-1802

9. Organization or Name of entity receiving funds:

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

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 program provides pump-out service to anchored-out vessels at marinas that currently do not have pump-out facilities, to help ensure that liveaboards and other vessel occupants are properly disposing of waste rather than discharging waste into the water column. This service helps promote the protection of the fragile marine resources of the Florida Keys and is consistent with the objectives of the No Discharge Zone established by the Environmental Protection Agency.

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 checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Service contractor provides vessels and equipment.	500,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>500,000</b>

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:

Monroe County BOCC passed an ordinance in 2012 which required multiple public hearings and public participation, to create the Keys-wide Mobile Vessel Pumpout Program. The program was authorized by the Florida Wildlife Commission Pilot Anchoring and Mooring Program. Letters of support are also available from City of Marathon, Mote Marine Laboratory, and the Florida keys National Marine Sanctuary, County Mayor, and others.

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?

Pump-out service will be made available to anchored-out vessels at marinas that currently do not have pump-out facilities.

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

Pump-out service will be made available to anchored-out vessels at marinas that currently do not have pump-out facilities.

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): Over 800 vessel liveboards and other vessel occupants annually.

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 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	Improves water quality in the Florida Keys National Marine Sanctuary and Florida Bay.	Continued water quality monitoring.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Cleaner nearshore waters are safer for swimmers and divers.	Number of gallons of sewage disposed of properly.
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input checked="" type="checkbox"/> Increase tourism	Cleaner nearshore waters and a healthier coral reef attract additional visitors.	Number of visitors annually.
<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	Pumpout program decreases sewage discharges into the water.	Number of pump outs.
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Pumpout program decreases sewage discharges into the water.	Number of pump outs and gallons of sewage removed annually.

<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	68.5%	N/A
2. Federal:	172,350	23.6%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	57,450	7.9%	No
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>729,800</b>	<b>100%</b>	

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

HB 4359

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Monroe County Mobile Vessel Pumpout Service; providing  
4           an appropriation; providing an effective date.  
5

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

8           Section 1. Monroe County Mobile Vessel Pumpout Service is  
9 an Appropriations Project as defined in The Rules of The Florida  
10 House of Representatives and is described in Appropriations  
11 Project Request 869, 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 Monroe County  
15 Mobile Vessel Pumpout Service as described in Appropriations  
16 Project Request 869.

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: Marco Shores Alternative Water Solution
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Bob Rommel  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					750,000	750,000

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: Jeffery Poteet
- b. Organization: City of Marco Island
- c. Email: jpoteet@cityofmarcoisland.com
- d. Phone #: (239)825-9003

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

- a. Name: Jeffery Poteet
- b. Organization: City of Marco Island
- c. Email: jpoteet@cityofmarcoisland.com
- d. Phone #: (239)825-9003

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

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

9. Organization or Name of entity receiving funds:

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

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?

Potable water resources and wastewater treatment are limiting factors for community development. The funding for this project will be used to enable the use of alternative water supplies in place of traditional water sources. The net result will free up existing water allocations for future developments and will improve the sustainability of Collier County's traditional potable water supply.

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	100% of these funds will be used for construction.	750,000
<b>TOTAL</b>		<b>750,000</b>

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:

Through the budgeting process, \$4,757,800.00 has been approved thus far for this project. An additional \$2,178,000 is planned in the FY18-19 capital improvement program for this project.

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	No discharge of wastewater (WW) effluent.	The plant wastewater disposal line will be eliminated.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	This project will eliminate potential wastewater treatment plant spills.	Wastewater will be treated at a regional facility reducing failure points.
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Project will create construction jobs.	Construction will take approximately 2 years
<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	Reduced energy, chemical and operating cost. The finished effluent quality will be improved to meet public access reuse standards.	The annual operating budget will reflect these operating reductions.
<input type="checkbox"/> Improve stormwater management		
<input checked="" type="checkbox"/> Improve groundwater quality	Removal of the wastewater effluent disposal site - rapid infiltration basins	WW will be treated at a regional facility meeting public access water quality.

<input checked="" type="checkbox"/> Improve drinking water quality	Reduced dependency on traditional water source.	Part of this project will remove the need for tradition water sources and replace with alternative water .
<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:	750,000	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:	750,000	50.0%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>1,500,000</b>	<b>100%</b>	

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?  
Existing water and 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.  
Yes, Page 79 of the City of Marco Island - Annual Budget 2017-2018

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?
- 95
29. What is the estimated planning completion date?
- 11/30/2017
30. What is the status of design?
- a. Ready
  - b. Not Ready
31. What percentage of design has been completed?
- 95
32. What is the estimated design completion date?
- 11/30/2017
33. List all required permits.
- FDOT utility permit, US Army Corps of Engineering, FDEP general utility permit and local county building 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

HB 4397

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Marco Shores Alternative Water Solution; 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. Marco Shores Alternative Water Solution 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 1120, herein incorporated by reference.

12           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
13 of \$750,000 from the General Revenue Fund is appropriated to the  
14 Department of Environmental Protection to fund the Marco Shores  
15 Alternative Water Solution as described in Appropriations  
16 Project Request 1120.

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: Collier County- West Goodlette Frank Road Septic to Sewer and Stormwater Improvement Project

2. Date of Submission: 11/13/2017

3. House Member Sponsor: Bob Rommel

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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					1,200,000	1,200,000

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.

Collier County's standard contract penalties are effective and sufficient

6. Requester:

- a. Name: Penny Taylor, Chair
- b. Organization: Collier County Board of County Commissioners
- c. Email: PennyTaylor@Colliergov.net
- d. Phone #: (239)252-8604

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

- a. Name: Jerry Kurtz
- b. Organization: Collier County Capital Project Planning, Impact Fees and Program Management
- c. Email: GeraldKurtz@Colliergov.net
- d. Phone #: (239)252-5860

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

- a. Name: Lisa Hurley
- b. Firm: Smith, Bryan & Myers
- c. Email: LHurley@smithbryanandmyers.com
- d. Phone #: (850)559-7458

9. Organization or Name of entity receiving funds:

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

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?

Upgrade and enhancement of neighborhood storm water facilities and the conversion of failing septic tanks to a wastewater sanitary sewer 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 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	Replace failing septic tanks with sanitary sewer improvements and upgrade/enhancement of storm water improvements to eliminate flooding and septic tank failures.	1,200,000
<b>TOTAL</b>		<b>1,200,000</b>

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?

No

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 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	Elimination of failing septic tanks, water quality improvements.	Measure water quality runoff.
<input checked="" type="checkbox"/> Improve stormwater management	Less standing water after rain events.	Storm water levels before and after improvements documented by photos.
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Reduction of untreated runoff.	Measure condition of stormwater runoff.
<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:	1,200,000	33.3%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	2,400,000	66.7%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>3,600,000</b>	<b>100%</b>	

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?

Collier County Government and City of Naples Wastewater Improvement District Ad Valorem Funds

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?

90%

29. What is the estimated planning completion date?

12/31/2019

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?

12/31/2017

33. List all required permits.

County Right of Way 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

HB 4401

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Collier County- West Goodlette Frank Road Septic to  
4           Sewer and Stormwater Improvement Project; providing an  
5           appropriation; providing an effective date.

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

8  
9           Section 1. Collier County- West Goodlette Frank Road  
10 Septic to Sewer and Stormwater Improvement Project is an  
11 Appropriations Project as defined in The Rules of The Florida  
12 House of Representatives and is described in Appropriations  
13 Project Request 682, herein incorporated by reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$1,200,000 from the General Revenue Fund is appropriated to  
16 the Department of Environmental Protection to fund the Collier  
17 County- West Goodlette Frank Road Septic to Sewer and Stormwater  
18 Improvement Project as described in Appropriations Project  
19 Request 682.

20           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: Naples Park Area/Basin Infrastructure Phase III

2. Date of Submission: 11/13/2017

3. House Member Sponsor: Bob Rommel

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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <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? 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.

Collier County's standard contract penalties are effective and sufficient.

6. Requester:

- a. Name: Penny Taylor
- b. Organization: Collier County Board of Commissioners
- c. Email: PennyTaylor@Colliergov.net
- d. Phone #: (239)252-8604

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

- a. Name: Gerald Kurtz
- b. Organization: Collier County Capital Project Planning, Impact Fees and Program Management
- c. Email: GeraldKurtz@Colliergov.net
- d. Phone #: (239)252-5860

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

- a. Name: Lisa Hurley
- b. Firm: Smith, Bryan & Myers
- c. Email: LHurley@smithbryanandmyers.com
- d. Phone #: (850)559-7458

9. Organization or Name of entity receiving funds:

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

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?

Improvements to the collection treatment/conveyance of storm water, including elevation corrections, culverts and roadside swale rehabilitation, and water quality improvements. Replacement of water distribution mains, removal of aging asbestos-concrete pipes, and the addition of fire hydrants to current standards. Replacement of wastewater gravity mains, force mains, and pump stations.

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 stormwater, water, and wastewater improvements.	2,500,000
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?

No

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 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	Newer, larger pipes will eliminate clogging, better flow.	Stormwater levels before and after improvements documented by photos
<input checked="" type="checkbox"/> Improve stormwater management	Less standing water after rain events.	Stormwater levels before and after improvements documented by photos.
<input type="checkbox"/> Improve groundwater quality		
<input checked="" type="checkbox"/> Improve drinking water quality	Replacement of asbestos concrete, 50 year old pipes will improve drinking quality.	Stormwater levels before and after improvements documented by photos
<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:	2,500,000	45.9%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	2,950,000	54.1%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>5,450,000</b>	<b>100%</b>	

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?

Rate Revenue and General Funds

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?

0

29. What is the estimated planning completion date?

N/A

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?

N/A

33. List all required permits.

Collier County Right-of-Way Permit, SFWMD, CORPS, 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?

12/31/2019

HB 4403

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Naples Park Area/Basin Infrastructure Phase III;  
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. Naples Park Area/Basin Infrastructure Phase III  
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 697, herein incorporated by  
13 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 Naples  
17 Park Area/Basin Infrastructure Phase III as described in  
18 Appropriations Project Request 697.

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: Pinellas County - Sanitary Sewer Inflow and Infiltration Study
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Ben Diamond  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					2,400,000	2,400,000

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.



## Reversion of funds

### 6. Requester:

- a. Name: Randi Kim
- b. Organization: Pinellas County Utilities Department
- c. Email: rkim@pinellascounty.org
- d. Phone #: (727)582-2304

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

- a. Name: Kevin Becotte
- b. Organization: Pinellas County Utilities - Engineering Division
- c. Email: kbecotte@pinellascounty.org
- d. Phone #: (727)464-5377

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

- a. Name: Martha Edenfield
- b. Firm: Dean Mead
- c. Email: MEdenfield@deanmead.com
- d. Phone #: (850)999-4100

### 9. Organization or Name of entity receiving funds:

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

### 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 purpose of the Pinellas County Inflow and Infiltration Study is to identify specific areas of the County sanitary sewer system that are high contributors to rain derived inflow and infiltration. This is achieved through monitoring the flows in the sewers before, during, and after rain events with flow meters. Specifically identifying the areas of high inflow and infiltration will help target where Capital Improvement dollars should be spent to reduce sewer overflows during heavy rain events

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	Portion of County Project Manager salary and benefits for the project management	40,000
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	The study will utilize some or all of the County Utility Department 14 Engineering Continuing Services consultants to perform the metering studies. Studies include sewer meter placement and monitoring, as well as data analysis and results summaries	2,360,000

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		2,400,000

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:

In 2016 substantial sewer overflows were caused by heavy rainfalls during Tropical Storm Hermine. A Wastewater/Stormwater Task Force was created with representatives from 17 local municipalities, the County, and local private utility groups to collaborate efforts to reduce future overflows and sewer spills

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	The introduction of sewage into waters increases the nutrient load which is more conducive for algae blooms which harms wildlife. The study will identify the highest contributor areas of rain derived sewer inflow and infiltration which contribute to sewer overflows.	The identification of which sewer basins receive the highest amounts of rain derived inflow and infiltration will be the measured outcome.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	The introduction of sewage into waters increases fecal coliform levels which can lead to human disease. The study will identify the highest contributor areas of rain derived sewer inflow and infiltration which contribute to sewer overflows.	The identification of which sewer basins receive the highest amounts of rain derived inflow and infiltration will be the measured outcome.
<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	The study will identify the highest contributor areas of rain derived sewer inflow and infiltration which contribute to sewer overflows.	The identification of which sewer basins receive the highest amounts of rain derived inflow and infiltration will be the measured outcome.
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	The introduction of sewage into waters increases the nutrients and other toxins into surface waters. The study will identify the highest contributor areas of rain derived sewer inflow and infiltration which contribute to sewer overflows.	The identification of which sewer basins receive the highest amounts of rain derived inflow and infiltration will be the measured outcome.
<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:	2,400,000	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	2,400,000	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?

Utility Sewer Enterprise funds

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?

5/1/17

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?

N/A

33. List all required permits.

No permits 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?

N/A



HB 4457

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Pinellas County - Sanitary Sewer Inflow and  
4           Infiltration Study; 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. Pinellas County - Sanitary Sewer Inflow and  
10 Infiltration Study is an Appropriations Project as defined in  
11 The Rules of The Florida House of Representatives and is  
12 described in Appropriations Project Request 1270, herein  
13 incorporated by reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$2,400,000 from the General Revenue Fund is appropriated to  
16 the Department of Environmental Protection to fund the Pinellas  
17 County - Sanitary Sewer Inflow and Infiltration Study as  
18 described in Appropriations Project Request 1270.

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: Brooksville Horselake Creek Southeastern Branch Drainage Restoration
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Blaise Ingoglia  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		350,000	350,000		750,000	750,000

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 return of funds to the State if promised work is not delivered.

6. Requester:

- a. Name: Richard W. Radacky
- b. Organization: City of Brooksville, Public Works Department
- c. Email: Rradacky@cityofbrooksville.us
- d. Phone #: (352)540-3860

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

- a. Name: Richard W. Radacky
- b. Organization: City of Brooksville, Public Works Department
- c. Email: Rradacky@cityofbrooksville.us
- d. Phone #: (352)540-3860

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

- a. Name: Shawn Foster
- b. Firm: Sunrise Consulting Group
- c. Email: foster@scgroup.us
- d. Phone #: (727)808-4131

9. Organization or Name of entity receiving funds:

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

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 purpose of this project is to restore the project area back to its original, intended design for adequate drainage away from residential and commercial properties. Additionally this project will keep excess surface water of the roadways throughout the project area. This project will improve the quality of life for local residents, while simultaneously improving the quality of surface water that drains into Peck Sink which is hydraulically connected to the Floridan aquifer.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<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 checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Bulldozer rental for large vegetation removal that we can accomplish with staff on hand. Possibly a boom truck could be required to trim back invasive vegetation to get the site ready for contractors to come work.	50,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	This project will require engineering, permitting, and design services.	150,000
Fixed Capital Construction/Major Renovation:		

<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Construction to open drainage structures and stabilizing the banks to reduce flooding to the surrounding areas. Restoration of drainage retention areas where flood hazards have been identified. Hauling away vegetative debris.	550,000
TOTAL		750,000

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:

Multiple public City Council meetings have had local residents on the record asking for help with this matter, as it's not theirs to fix, but has a direct impact on their property and personal welfare during rain events. Also, at least two public workshops were held, though none in the last calendar year.

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:

Southwest Florida Water Management District is very close to completing a "Model Study", which we received a co-op grant for them to fund the study for the identified project area. Their model will be able to tell us where we can make the biggest impact for stormwater mitigation in this area.

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	Improving the quality of stormwater before it returns to the Floridan aquifer will provide clean drinking water for generations to come.	Daily inspections and reports will be completed by City of Brooksville staff. Additionally, SWFWMD will be monitoring improvements in the quality of surface water.
<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.)	Negating potential flooding by improving drainage retention areas throughout the vicinity, which has been prone to localized flooding during major rain events.	Daily inspections and reports will be completed by City of Brooksville staff. Also, we will continue an active dialog with the community for confirmation of improvement during rain events.

<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	During tropical events or even just a heavy rainfall event, roads are inundated with water because the Drainage Retention Areas have heavy vegetation and substantial silt deposits, preventing water from entering and remaining in the DRA.	We will measure the tonnage of silt, vegetation, and other debris removed from the project area. We will use those numbers in conjunction with the SWFWMD model to know how much of an impact these activities will have in improving the quality of stormwater.
<input type="checkbox"/> Improve groundwater quality		
<input checked="" type="checkbox"/> Improve drinking water quality	Reduction of stormwater velocity. Reduction of contamination of Peck Sink which is hydraulically connected to the Floridan aquifer.	Reduction in coliform count, and nitrogen levels of stormwater and debris removal.
<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:	750,000	78.9%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	200,000	21.1%	No
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>950,000</b>	<b>100%</b>	

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?

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?

50%

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?

08/01/2018

33. List all required permits.

Exempt for an Environmental Resource Permit per SWFWMD.

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?

18%

37. What is the estimated completion date of construction?

12/15/2018

HB 4475

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Brooksville Horselake Creek Southeastern Branch  
4           Drainage Restoration; 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. Brooksville Horselake Creek Southeastern Branch  
10 Drainage Restoration is an Appropriations Project as defined in  
11 The Rules of The Florida House of Representatives and is  
12 described in Appropriations Project Request 1240, herein  
13 incorporated by reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$750,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Brooksville  
17 Horselake Creek Southeastern Branch Drainage Restoration as  
18 described in Appropriations Project Request 1240.

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: Brooksville Master Pump Station Modification Project
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Blaise Ingoglia  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					400,000	400,000

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 of funds to State if promised work is not completed.

6. Requester:

- a. Name: Richard W. Radacky
- b. Organization: City of Brooksville, Public Works Department
- c. Email: RRadacky@cityofbrooksville.us
- d. Phone #: (352)540-3860

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

- a. Name: Richard W. Radacky
- b. Organization: City of Brooksville, Public Works Department
- c. Email: RRadacky@cityofbrooksville.us
- d. Phone #: (352)540-3860

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

- a. Name: Shawn Foster
- b. Firm: Sunrise Consulting Group
- c. Email: foster@scgroup.us
- d. Phone #: (727)808-4131

9. Organization or Name of entity receiving funds:

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

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 purpose of these requested funds is to modify our master pump station (wastewater) in such a way that prevents future sewage spills during heavy rain events. We intend to accomplish this from multiple aspects. The building itself will need to be upgraded to hold a third pump. We plan to replace the existing 2 pumps with 3 new pumps, oversized, meaning that we can handle more wastewater in the same amount of time. Also, we need increase the wet well capacity at this location.

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	Approximately \$75,000 would be spent on the required engineering-building renovation - and also the pump requirements would require an engineer to certify work ability. The balance (\$325,000) would be spent	400,000



	on construction (renovate building and expand wet well capacity) and new equipment (3 pumps).	
TOTAL		400,000

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:

City of Brooksville Public Works staff presented the Brooksville City Council with a document that identifies the priority level of our projects, as it relates to appropriation applications. Minutes for that meeting are available on request. The City Council approved this document.

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	Local creeks are free of sewage, meaning that the wildlife and human activities on such a water way are much safer than before.	Coliform testing of local waterways after a heavy rain event.
<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.)	Negating potential contamination of ground from sewer overflows throughout the vicinity.	Monitor the reports to the State Watch Point, where we report sewer spills, in compliance with our FDEP operating permit.
<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	During heavy rain events this pump station is so over run with storm water, that it is difficult to maintain power to the pumps. Resulting in 5 minor sewage spills in the last 8 years.	Testing local waterways for bacteria related to sewage spills after heavy rain events or storms.
<input checked="" type="checkbox"/> Improve stormwater management	During heavy rain events this stormwater inundates the sanitary sewer collection points. With adequate pumpage, this problem will alleviate itself.	Comparing number of gallons pumped on old system, compared to gallons of pumpage on the improved system.
<input type="checkbox"/> Improve groundwater quality		
<input checked="" type="checkbox"/> Improve drinking water quality	Reduction of contamination of Peck Sink which is hydraulically connected to the Floridan aquifer- the source of drinking water locally.	Measurable reduction in coliform count, and nitrogen levels of stormwater.
<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:	400,000	80.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d,	0	0.0%	No

Column F)			
4. Local:	100,000	20.0%	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?

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?

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?  
12/03/2018
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?  
03/01/2019
33. List all required permits.  
Local building permit will be required for construction to renovate existing building to hold additional pump.
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?

06/03/2019

HB 4477

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Brooksville Master Pump Station Modification Project;  
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. Brooksville Master Pump Station Modification  
10 Project is an Appropriations Project as defined in The Rules of  
11 The Florida House of Representatives and is described in  
12 Appropriations Project Request 783, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$400,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Brooksville  
17 Master Pump Station Modification Project as described in  
18 Appropriations Project Request 783.

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: Marco Island San Marco Road Drainage Project Improvements
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Bob Rommel  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					475,000	475,000

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.

NO PAYMENT FOR UNSATISFACTORY DELIVERABLES; TERMINATION OF THE AGREEMENT

6. Requester:

- a. Name: Timothy Pinter
- b. Organization: CITY OF MARCO ISLAND, FLORIDA
- c. Email: TPINTER@CITYOFMARCOISLAND.COM
- d. Phone #: (239)389-5000

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

- a. Name: Timothy Pinter
- b. Organization: CITY OF MARCO ISLAND, FLORIDA
- c. Email: TPINTER@CITYOFMARCOISLAND.COM
- d. Phone #: (239)389-5000

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

- a. Name: Ronald Book
- b. Firm: RONALD L. BOOK, P.A.
- c. Email: RANA@RLBOOKPA.COM
- d. Phone #: (305)935-1866

9. Organization or Name of entity receiving funds:

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

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 consists of an area of approximately 25 acres of property along a major arterial street, San Marco Road, which was constructed during the early phases of the development of Marco Island. The storm drainage system is very limited which causes several local collector streets to flood and become impassable, and stranding local residents. Creating a master planned stormwater management system along this major roadway will provide a means to correct this problem.

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 by a contractor selected by the open bidding process to complete the project as designed and in conformance with the current State and Federal requirements.	475,000

TOTAL		475,000
-------	--	---------

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:

Public Hearing of the City Council of Marco Island on July 20th, 2015 which reviewed and approved the City of Marco Island Stormwater Master Plan, which included this proposed project as the number 4 priority project.

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.)	Reduced flooding will allow for emergency vehicles to access the area during and after storm events.	Monitoring the call volumes and response time of the emergency response vehicles.
<input checked="" type="checkbox"/> Improve transportation conditions	Reduces the amount of standing flood waters from the local streets.	Visual inspection of reduced flood 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 checked="" type="checkbox"/> Improve stormwater management	By completing one more project from out Master Planned Stormwater Management Program we are advancing toward overall stormwater	Reduction in street flooding by visual inspection and reduction of citizen complaints.

	containment.	
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	With the completion of this project, water quality will be improved by the reduction in illicit discharges.	As required in our MS4 permit yearly report, we will document the reduction in stormwater related incidents.
<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:	475,000	74.8%	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:	160,000	25.2%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>635,000</b>	<b>100%</b>	

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?

Ad Valorem Funds

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 Marco Island Stormwater Master 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?

- 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?

04/01/2018

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?

06/01/2018

33. List all required permits.

South Florida Water Management District - ERP Permit, City of Marco Island Right-of-Way Construction and Bulding 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



HB 4575

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Marco Island San Marco Road Drainage Project  
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. Marco Island San Marco Road Drainage Project  
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 1125, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$475,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Marco Island  
17 San Marco Road Drainage Project Improvements as described in  
18 Appropriations Project Request 1125.

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 Billy's Creek Restoration
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Heather Fitzenhagen  
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	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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		775,000	775,000		775,000	775,000

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.

Enforce increased maintenance schedule

6. Requester:

- a. Name: Saeed Kazemi
- b. Organization: City of Fort Myers
- c. Email: skazemi@cityftmyers.com
- d. Phone #: (239)321-7217

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

- a. Name: Donna Lovejoy
- b. Organization: City of Fort Myers
- c. Email: dlovejoy@cityftmyers.com
- d. Phone #: (239)321-7217

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 Fort Myers
- 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 project will restore Bill Creek by removal of 11,800 cubic yds. of sediment deposited in two areas of the creek, effectively removing approximately 11,282 lbs of Total Phosphorus and 18,370 lbs of Total Nitrogen from the System. The project will result in stream restoration, flood protection, and water quality improvements as well as provide increased recreational opportunities for city residents. The Project is permitted by both FDEP and USACE and is ready for construction.

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	Dredging Services, Exotic Removal, and Shoreline Protection	775,000
<b>TOTAL</b>		<b>775,000</b>

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 will restore Bill Creek by removal of 11,800 cubic yds. of sediment deposited in two areas of the creek, effectively removing approximately 11,282 lbs of Total Phosphorus and 18,370 lbs of Total Nitrogen from the System. The project will result in stream restoration, flood protection, and water quality improvements as well as provide increased recreational opportunities for city residents. The Project is permitted by both FDEP and USACE and is ready for construction.

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:

Yes. Hans Wilson & Associates evaluated Billy Creek and prepared plans for the required maintenance.

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	Enhance habitat	Observation of wildlife in Creek
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Protect properties along Creek	Observation of reduced peak stages during storm
<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	Increase flood protection	Less flooding complaints and reduced property damage

<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Reduce nutrient loading to Caloosahatchee	Pre and post 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:	775,000	43.7%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	775,000	43.7%	No
4. Local:	225,000	12.7%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>1,775,000</b>	<b>100%</b>	

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 Fee

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): 319 Grant, not awarded; SWFMD Cooperative funding not awarded
  - 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.

The project has been added to the Lee County Local Mitigation Plan

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?

01/01/2017

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?  
01/01/2017
33. List all required permits.  
FDEP and USACE
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?  
10%
37. What is the estimated completion date of construction?  
12/31/2018

HB 4579

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Fort Myers Billy's Creek 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. Fort Myers Billy's Creek 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 1156, herein incorporated by reference.

12           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
13 of \$775,000 from the General Revenue Fund is appropriated to the  
14 Department of Environmental Protection to fund the Fort Myers  
15 Billy's Creek Restoration as described in Appropriations Project  
16 Request 1156.

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: Brevard County Septic to Sewer
2. Date of Submission: 11/27/2017
3. House Member Sponsor: Thad Altman  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					8,225,945	8,225,945

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.

Cost share would be reduced on a pro-rata basis for work not completed to the satisfaction of the administering agency.

6. Requester:

- a. Name: Virginia Barker
- b. Organization: Brevard County
- c. Email: virginia.barker@brevardfl.gov
- d. Phone #: (321)633-2016

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

- a. Name: Virginia Barker
- b. Organization: Brevard County
- c. Email: virginia.barker@brevardfl.gov
- d. Phone #: (321)633-2016

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
- d. Phone #: (305)935-1866

9. Organization or Name of entity receiving funds:

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

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 expand sewer service, including connection costs, and decommission 1,370 of the most polluting septic systems in Brevard County. This will lead to improved water quality, environmental health, fisheries, recreation and property values along the Indian River Lagoon, which is an Outstanding Florida Water and a National Estuary.

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	Engineering, permitting, construction, demolition, and sewer service connection fees	8,225,945
<b>TOTAL</b>		<b>8,225,945</b>

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): Local government will own the majority of the infrastructure that will be constructed to expand sewer

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:

This partially implements the Save Our Indian River Lagoon Project Plan. This Project Plan was approved unanimously by the Brevard County Commissioners in August 2016. Local matching funds for the plan were approved by 62.3% of the voters in Brevard via a sales tax referendum held on November 8, 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?

Yes

16a. Please Describe:

The 2008 Indian River Lagoon National Estuary Program Comprehensive Conservation and Management Plan Update identified on-site sewage treatment and disposal systems (OSTDSs) as a cause of nutrient loading in the Indian River Lagoon

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 Algae Blooms	Chlorophyll concentrations
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Reduce Bacteria	Shellfish Closures
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Increase Property Values	Taxable Property Value
<input checked="" type="checkbox"/> Increase tourism	Increase Occupancy	Tourist Development Tax
<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	1370 Fewer Septic Systems	# of new sewer connections
<input checked="" type="checkbox"/> Improve stormwater management	Reduce Nutrient Pollution	Stormwater nutrient concentrations
<input checked="" type="checkbox"/> Improve groundwater quality	Reduce Nutrient Pollution	Groundwater nutrient concentrations

<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Reduce Nutrient Pollution	Lagoon nutrient concentrations
<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:	8,225,945	48.1%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	644,793	3.8%	Yes
4. Local:	8,225,945	48.1%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>17,096,683</b>	<b>100%</b>	

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?

Sewer 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?

Yes

24a. If Yes, insert plan name and cite page numbers.

Save Our Indian River Lagoon Project Plan, Table 46, Page 59 and the neighborhood selection process is detailed on pages 21 to 25

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?

03/07/2017

30. What is the status of design?

- a. Ready
- b. Not Ready

31. What percentage of design has been completed?

10%

32. What is the estimated design completion date?  
09/24/2018
33. List all required permits.  
DOH and local ROW
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?  
03/20/2020

HB 4601

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Brevard County Septic to Sewer; 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. Brevard County Septic to Sewer 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 1394, herein incorporated by reference.

12           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
13 of \$8,225,945 from the General Revenue Fund is appropriated to  
14 the Department of Environmental Protection to fund the Brevard  
15 County Septic to Sewer as described in Appropriations Project  
16 Request 1394.

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: Indian River County-West Wabasso Septic to Sewer
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Erin Grall  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					840,000	840,000

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 funds should be returned to the State of Florida.

6. Requester:

- a. Name: Jason Brown
- b. Organization: Indian River County Board of County Commissioners
- c. Email: jbrown@ircgov.com
- d. Phone #: (772)226-1408

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

- a. Name: Vincent Burke
- b. Organization: Indian River County-Director of Utilities Department
- c. Email: vburke@ircgov.com
- d. Phone #: (772)226-1830

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

- a. Name: Frank Bernardino
- b. Firm: Anfield Consulting Group
- c. Email: frank@anfieldflorida.com
- d. Phone #: (561)718-2345

9. Organization or Name of entity receiving funds:

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

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 will be used to construct a gravity sewer system to service 98 parcels in West Wabasso, a financially disadvantaged community. This project will not only provide improvements to the quality of lives for the people in the community, but it will also provide a positive benefit to the State of Florida. The project will divert an estimated 3,224 lbs. of Total Nitrogen and 520 lbs. of Total Phosphorus per year away from canals which lead to the State protected Indian River Lagoon.

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	Construct a gravity sewer collection and lift system for 98 parcels and abandon approximately 54 existing antiquated septic tanks.	840,000
<b>TOTAL</b>		<b>840,000</b>

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:

Letter of support from the Florida Department of Health in Indian River County, 2 Citizen Advisory Task Force (CATF) meetings, numerous meetings with the West Wabasso Civic League, and at least 2 hearings before the Indian River County Board of County Commissioners.

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:

Indian River County's Utilities Department hired a third-party to conduct a septic to sewer study. The West Wabasso septic to sewer project was identified as a needed project that would reduce the amount of Total Nitrogen and Total Phosphorus from entering into the Indian River Lagoon.

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	Improve the public health and welfare of the residents of the West Wabasso Community.	The number of connections.
<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	Converting the existing septic systems to public sewer would be positive for the Indian River Lagoon by reducing pollutants by an estimated amount of 3,224 lbs/year of TN and 520 lbs/year of TP.	Number of septic systems abandoned.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	The existing antiquated septic systems are very close to existing water wells. The project will eliminate the possibility of contaminating the ground water.	Number of septic systems abandoned.
<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	The project will remove approximately 54 antiquated septic tanks which are only treating domestic wastewater at a minimal level, if at all.	Number of septic tanks abandoned.
<input type="checkbox"/> Improve stormwater management		
<input checked="" type="checkbox"/> Improve groundwater quality	The project will remove failing, antiquated septic tanks from the West Wabasso community that add harmful nutrients to the ground that can seep into the groundwater.	Number of septic tanks abandoned.
<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:	840,000	40.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d,	0	0.0%	No

Column F)			
4. Local:	567,000	27.0%	No
5. Other:	693,000	33.0%	No
TOTAL	2,100,000	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?

Rate payers

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.

County-wide Septic to Sewer Ranking Report, Exhibits 1 and 7

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?

N/A

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?

n/a

33. List all required permits.

FDEP, IRC Right-of-way

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?  
9/21/2018

HB 4607

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Indian River County-West Wabasso Septic to Sewer;  
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. Indian River County-West Wabasso Septic to  
10 Sewer is an Appropriations Project as defined in The Rules of  
11 The Florida House of Representatives and is described in  
12 Appropriations Project Request 998, herein incorporated by  
13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$840,000 from the General Revenue Fund is appropriated to the  
16 Department of Environmental Protection to fund the Indian River  
17 County-West Wabasso Septic to Sewer as described in  
18 Appropriations Project Request 998.

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: Hillsborough County Stormwater Enhancement and Improvement Project (56th Street & Hanna Ave)
2. Date of Submission: 11/13/2017
3. House Member Sponsor: James Grant  
Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No  
***If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E***
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					3,350,000	3,350,000

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.

Hillsborough County has standard safeguards in place, however provided there are unforeseen circumstances we will negotiate with the agency.

6. Requester:

- a. Name: James Hudock
- b. Organization: Hillsborough County, Public Works Department, Technical Services Division
- c. Email: HudockJ@HCFLGov.net
- d. Phone #: (813)307-1827

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

- a. Name: James Hudock
- b. Organization: Hillsborough County, Public Works Department, Technical Services Division
- c. Email: HudockJ@HCFLGov.net
- d. Phone #: (813)307-1827

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

- a. Name: Jim Taylor
- b. Firm: Hillsborough County Government
- c. Email: taylorj@hillsboroughcounty.org
- d. Phone #: (813)276-2640

9. Organization or Name of entity receiving funds:

- a. Name: Board of County Commissioners (BOCC), Hillsborough County
- 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?

The 56th St and Hanna Ave Drainage Improvement Project will identify the conveyance system and water quality deficiencies, assess flooding risk and property damage, and implement the proposed construction plan. Project includes:

- ? Assemble data to update the modeling related to development.
- ? Recognize potential usage of lands for water quality treatment within the watershed.
- ? Identify deficient and aged infrastructure with proposed best management practices.
- ? Implement proposed projects.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Project Manager (licensed professional engineer)	150,000
<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 checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	PD&E (Project Development and Environmental report), Construction Plan Design.	200,000
Fixed Capital Construction/Major Renovation:		

<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Construction of internal conveyance system, attenuation/treatment pond, and the 2nd outfall to Hillsborough River.	3,000,000
TOTAL		3,350,000

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:

FDOT and Hillsborough County met to discuss the flooding issue on 56th St and Hanna Ave and proposed solutions in July 2017. FDOT is in support of the project and will be a cooperator.

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:

Preliminary study was conducted by the County's stormwater engineer and FDOT's consultant. Detailed study and design are needed to come up with the final proposed plan to relieve the flooding problems along this 56th St & local street intersections as well as regional water quality improvements.

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	The existing drainage system discharges directly into the Hillsborough River. The proposed project will have a regional detention pond to treat the stormwater runoff from industrial sites prior to discharging into the Hillsborough River.	Reduction of nutrient load to the Hillsborough River based on SWFWMD wet detention pond research.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Alleviation of flooding will reduce the chance of degrading the water quality of the Hillsborough River which is the potable drinking water source for the City of Tampa. Reduced probability of flooding will also reduce property	Reduction of sediment load and turbidity to the Hillsborough River. Reduced flooding, and increased roadway level of service.

	damage due to flooding.	
<input checked="" type="checkbox"/> Improve transportation conditions	Prevent flooding of local streets as well as FDOT roads which are the major roads for storm evacuation, and provide standard level of service to improve transportation conditions.	Increase the roadway's Level of Service(LOS)
<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	Alleviation of flooding will improve both community living and transportation condition.	Flood level reduction& transportation availability.
<input checked="" type="checkbox"/> Improve groundwater quality	The Hillsborough River is the drinking water source for the the City of Tampa. Reducing the industrial runoff directly to the river system will improve the water quality of the Hillsborough River.	Prevent drinking water contamination.
<input checked="" type="checkbox"/> Improve drinking water quality	Prevent/reduce the industrial suspended load in runoff and sedimentation in the channel and	Concentration of suspended load and quantity and timing of sediment accumulation.

	river.	
<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:	3,350,000	94.4%	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:	200,000	5.6%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>3,550,000</b>	<b>100%</b>	

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 Assessment/Fee

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?

1%

29. What is the estimated planning completion date?

09/30/2018

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?

09/30/2019

33. List all required permits.

SWFWMD/EPC/FDOT/DEP/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?

09/30/2020

HB 4615

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Hillsborough County Stormwater Enhancement and  
4           Improvement Project (56th Street & Hanna Ave);  
5           providing an appropriation; providing an effective  
6           date.

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

9  
10           Section 1. Hillsborough County Stormwater Enhancement and  
11 Improvement Project (56th Street & Hanna Ave) is an  
12 Appropriations Project as defined in The Rules of The Florida  
13 House of Representatives and is described in Appropriations  
14 Project Request 656, herein incorporated by reference.

15           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
16 of \$3,350,000 from the General Revenue Fund is appropriated to  
17 the Department of Environmental Protection to fund the  
18 Hillsborough County Stormwater Enhancement and Improvement  
19 Project (56th Street & Hanna Ave) as described in Appropriations  
20 Project Request 656.

21           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: Tarpon Springs Anclote River Dredge Project
2. Date of Submission: 12/14/2017
3. House Member Sponsor: Chris Sprowls  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					676,046	676,046

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.

n/a

6. Requester:

- a. Name: Chris Alahouzos
- b. Organization: City of Tarpon Springs
- c. Email: calahouzos@ctsfl.us
- d. Phone #: (727)938-3711

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

- a. Name: Chris Alahouzos
- b. Organization: City of Tarpon Springs
- c. Email: calahouzos@ctsfl.us
- d. Phone #: (727)938-3711

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

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 requested will be used to lease and develop property for dewatering of dredged spoils material as part of the Anclote River Federal Channel Maintenance Dredge Project. Currently, the channel is too shallow to allow necessary cargo and ships to enter. Our Federal partners have requested the funds for the actual dredging on the Federal level, however, state funds are needed for the lease and development of the site for the dredged material. That is the purpose of this request.

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	Lease and site development	676,046
<b>TOTAL</b>		<b>676,046</b>

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 full dredge project has had public hearings, commission meetings, an economic impact study, as well as support of the Mayor, Congressman Bilirakis, and Senator Nelson, and the Tampa Bay Regional Legislative Delegation.

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:

An economic impact study was commissioned by the City of Tarpon Springs, and it was conducted by PMG Associates, Inc.

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 checked="" type="checkbox"/> Increase or improve economic activity	Marine Commerce and Tourism has an economic impact of 148.4 million annually, and directly employs 1,406 people in Tarpon Springs. The dredge will support safe passage of commercial vessels including sponge, shrimp, fishing, and charter boats. It will also open up the channel for commercial marine industries; boat builders, marinas, boat repair and services.	Economic Impact study collected direct empirical data from businesses in the area, as well as private sources that added spending figures and total sales activity.
<input checked="" type="checkbox"/> Increase tourism	The total number of visitors annually to Tarpon Springs is 1.1 million	A deepened channel will allow more ship activity to the docks that bring in tourists.
<input checked="" type="checkbox"/> Create specific immediate job opportunities	\$760,973 of the total request will go to construction.	A portion of the funds is specifically requested for 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 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:	676,046	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
<b>TOTAL</b>	<b>676,046</b>	<b>100%</b>	

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?

n/a

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?

The potential sites have been identified. They are just awaiting funding to go forward.

29. What is the estimated planning completion date?

The proeprty lease is for 40 months.

30. What is the status of design?

- a. Ready
- b. Not Ready

31. What percentage of design has been completed?

The design money has been committed by Pinellas County, but it has not been transferred to the City of Tarpon Springs yet.

32. What is the estimated design completion date?

October 2018

33. List all required permits.

The only documentation needed will be through the Federal National Environmental Policy Act (NEPA). That process may include requirements for monitoring of endangered species and water quality during the dredge process. Also, the Army Corp of Engineers expects the project to be eligible for permit exemption from the Florida Department of Environmental Protection for the soil site since it will be located in an upland area.

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?

They are awaiting funds so that they can purchase the site and begin the development

37. What is the estimated completion date of construction?

Estimated to be early 2019

HB 4619

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Tarpon Springs Anclote River Dredge Project; providing  
4           an appropriation; providing an effective date.

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

7  
8           Section 1. Tarpon Springs Anclote River Dredge Project is  
9 an Appropriations Project as defined in The Rules of The Florida  
10 House of Representatives and is described in Appropriations  
11 Project Request 1417, herein incorporated by reference.

12           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
13 of \$676,046 from the General Revenue Fund is appropriated to the  
14 Department of Environmental Protection to fund the Tarpon  
15 Springs Anclote River Dredge Project as described in  
16 Appropriations Project Request 1417.

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