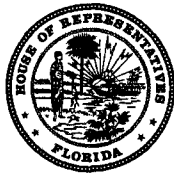




Transportation & Tourism Appropriations Subcommittee

**Tuesday, January 23, 2018
11:15 AM – 11:45 AM
Reed Hall (102 HOB)**

Meeting Packet



The Florida House of Representatives

Appropriations Committee

Transportation & Tourism Appropriations Subcommittee

Richard Corcoran
Speaker

Clay Ingram
Chair

AGENDA

Tuesday, January 23, 2018

Reed Hall (102 HOB)

11:15 PM – 11:45 AM

- I. Call to Order/Roll Call
- II. Opening Remarks by Chair Ingram
- III. **Consideration of the following committee bills:**

HB 2339 Town of Lake Park - Town Hall Waterproofing and Roof Replacement by Jacquet

HB 3019 City of Plantation EOC Generator by Edwards-Walpole

HB 3313 Bill Edwards Foundation - Arts & Education Programming by Grant, J.

HB 3349 Disaster Response Resiliency and Statewide Readiness - America's Second Harvest of the Big Bend by Ausley

HB 3521 Undergrounding of Main Electrical Circuits and Infrastructure - City of Homestead by McGhee

HB 3535 Underwater Veterans Memorial - Pinellas by Ahern

HB 3619 LaBelle Lift Station Generator Project by Donalds

HB 3853 Regional Special Needs and Emergency Center - Hillsborough County by Harrison

HB 3911 Distribution Storm Hardening - City of Homestead by Raschein

HB 4123 North Miami Beach North Dade Regional Emergency Operations Center by Geller

HB 4231 Arc of the St. Johns Hurricane Shelter & Adult Day Training Center by Stevenson

HB 4357 Monroe County Emergency Operations & Public Safety Center by Raschein

HB 4573 Collier County Public Schools Hurricane Mitigation by Rommel

- 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: Town of Lake Park - Town Hall Waterproofing and Roof Replacement
2. Date of Submission: 10/24/2017
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 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column: A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					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 State
 - 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.
There is no penalty.

6. Requester:

- a. Name: John D'Agostino
- b. Organization: Town of Lake Park, Florida
- c. Email: jdagostino@lakeparkflorida.gov
- d. Phone #: (561)881-3304

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

- a. Name: John D'Agostino
- b. Organization: Town of Lake Park, Florida
- c. Email: jdagostino@lakeparkflorida.gov
- d. Phone #: (561)881-3304

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

- a. Name: Ellyn Setnor
- b. Firm: Becker & Poliakoff
- c. Email: ebogdanoff@bplegal.com
- d. Phone #: (561)655-5444

9. Organization or Name of entity receiving funds:

- a. Name: Town of Lake Park
- 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?

Town Hall is a designated historical building. Funding will be used to replace its failing roof and to paint and waterproof the exterior of the building to ensure it is impervious to water intrusion. The Mirror Ballroom is also located in Town Hall and utilized by the public. Town Hall is part of the downtown economic development efforts. Historic appeal is part of the Town's draw.

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	Procure contractors to replace the roof, paint, and waterproof historic Town Hall's building exterior.	250,000
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)

14. Is the project request an information technology project?

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

The need for waterproofing and a new roof has been on the Capital Improvements Schedule for many years, with the most recent identification and discussion at the Town Commission meeting February 15, 2017. Town Hall Waterproofing and new Roof is part of the updated Town's Capital Improvements in Ordinance 02-2017.

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 scope of work for paint and waterproofing has been assembled by a competent paint specialist. Roof inspections were conducted by a competent third party inspector in 2014, which show the current roof has reached the end of its expected life cycle.

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

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
--------------------	--	--

<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	The Town has a positive reputation for its arts, culture, and historical scene. Town Hall is one of the Town's historical buildings that add to its appeal. Preserving Town Hall is an important component to the numerous economic development initiatives currently underway, as it is situated between the US-1 Mixed Use corridor and downtown developments.	Preserving Town Hall ensures it remains open for public use; its historic Mirror Ballroom is available for private and public functions. The tax base will be increased through development, as the Town's appeal and offerings to its residents and visitors is preserved.
<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.)	Installing a new roof, painting, and waterproofing Town Hall protect the public from environmental harm. Severe storm events are common in South Florida. The public uses the Mirror Ballroom, which is located on the second floor of Town Hall.	Knowing that the public is out of harm's way is a positive for potential investors and developers. Part of the Town's economic development hinges on its historic appeal. The tax base will increase as development continues when the ancillary development components are addressed.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Preserving Town Hall increases	Potential developers and visitors will

	economic activity as an integral extension of downtown and US-1 Mixed Use corridor developments. Its historic appeal is a component of overall economic development.	not have to overcome the obstacle of a lack of congruency amidst development activities. The tax base will increase as seamless development continues in the absence of obstacles.
<input checked="" type="checkbox"/> Increase tourism	Town Hall is one of several designated historic buildings in Town. Its Mirror Ballroom has its own famous legacy. Preserving Town Hall as a key tourist draw is paramount. As it is properly preserved and promoted through economic development, more visitors will come.	Increased rental of the Mirror Ballroom, increased patronage at local restaurants and microbreweries, and increased development will result with Town Hall preservation. It is an integral part of the Town's economic development congruency.
<input checked="" type="checkbox"/> Create specific immediate job opportunities	As the project is funded, immediate job opportunities will be available. The new jobs created will add to the local economy through increased consumer spending shopping and dining at local establishments.	Increased foot traffic to local restaurants and other establishments will occur. Home purchases and rentals could increase as the employees will see firsthand how affordable the Town is compared to neighboring areas.
<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:	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
TOTAL	500,000	100%	

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

No

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19

A bill to be entitled
An act relating to the Appropriations Project titled
Town of Lake Park - Town Hall Waterproofing and Roof
Replacement; providing an appropriation; providing an
effective date.

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

Section 1. Town of Lake Park - Town Hall Waterproofing and
Roof Replacement is an Appropriations Project as defined in The
Rules of The Florida House of Representatives and is described
in Appropriations Project Request 107, herein incorporated by
reference.

Section 2. For fiscal year 2018-2019 the nonrecurring sum
of \$250,000 from the General Revenue Fund is appropriated to the
Department of State to fund the Town of Lake Park - Town Hall
Waterproofing and Roof Replacement as described in
Appropriations Project Request 107.

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: City of Plantation EOC Generator
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 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column: A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					52,998	52,998

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? Executive Office of the Governor
 - 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: Horace McHugh
- b. Organization: City of Plantation
- c. Email: hmchugh@plantation.org
- d. Phone #: (954)797-2212

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

- a. Name: Dawn Mehler
- b. Organization: City of Plantation
- c. Email: dmehler@plantation.org
- d. Phone #: (954)797-2723

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

- a. Name: Lauren Jackson
- b. Firm: Ericks Consultant
- c. Email: lauren@ericksconsultant.com
- d. Phone #: (931)265-8999

9. Organization or Name of entity receiving funds:

- a. Name: City of Plantation
- 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 ensure that there is ongoing operations of the City's EOC center during and after an emergency event that may terminate normal power sources. Therefore, the City of Plantation may formulate its strategy of recovery within its EOC and prioritize emergency calls from around the City after the emergency event passes.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	The City of Plantation's EOC generator was installed on 8/11/2017. The City's EOC generator is a permanent standby power source which assures ongoing operations of the City's EOC center during and after an emergency event that may terminate normal power sources.	52,998
<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 type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		52,998

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?

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?

Ongoing operations of the City's EOC center during and after an emergency event, recovery within its EOC, and prioritization of emergency calls from around the City after an emergency event passes.

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

Ongoing operations of the City's EOC center during and after an emergency event, recovery within its EOC, and prioritization of emergency calls from around the City after an emergency event passes.

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 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 City of Plantation's EOC generator was installed on 8/11/2017. The City's EOC generator is a permanent standby power source which assures ongoing operations of the City's EOC center during and after an emergency event that may terminate normal power sources.	As a result of the City's strategic measures developed and utilized, the City will be able to return to normal business after the emergency event passes.
<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:	52,998	72.6%	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:	20,002	27.4%	No
5. Other:	0	0.0%	No
TOTAL	73,000	100%	

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

No

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17

A bill to be entitled
An act relating to the Appropriations Project titled
City of Plantation EOC Generator; providing an
appropriation; providing an effective date.

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

Section 1. City of Plantation EOC Generator is an
Appropriations Project as defined in The Rules of The Florida
House of Representatives and is described in Appropriations
Project Request 462, herein incorporated by reference.

Section 2. For fiscal year 2018-2019 the nonrecurring sum
of \$52,998 from the General Revenue Fund is appropriated to the
Executive Office of the Governor to fund the City of Plantation
EOC Generator as described in Appropriations Project Request
462.

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: Bill Edwards Foundation - Arts & Education Programming
2. Date of Submission: 10/30/2017
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 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					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 State
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Failure to serve students from Pinellas, Hillsborough, Pasco and Manatee counties with arts education programming in the 2018-2019 fiscal year will result in repayment of state funds.

6. Requester:

- a. Name: Melissa Hughey
- b. Organization: Bill Edwards Foundation for the Arts
- c. Email: mhughey@themahaffey.com
- d. Phone #: (727)892-5757

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

- a. Name: Melissa Hughey
- b. Organization: Bill Edwards Foundation for the Arts
- c. Email: mhughey@themahaffey.com
- d. Phone #: (727)892-5757

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: Bill Edwards Foundation for the Arts
- b. County (County where funds are to be expended): Pinellas
- c. Service Area (Counties being served by the service(s) provided with funding): Hillsborough, Manatee, Pasco, 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 goal of the Bill Edwards Foundation for the Arts is to support and present all genres of the Performing Arts at The Mahaffey Theater, deliver quality arts education for local schoolchildren and provide the entire Tampa Bay community with unequalled services, entertainment and cultural experiences.

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 checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	These funds will be used for an Education Coordinator who will be responsible for arts education programming, serving as the liaison with schools and teachers and coordinate all education activities at the theater.	50,000
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	These funds will be allocated to artist fees, artist hospitality, advertising, stagehands, police/fire/EMS, Teacher Resource Guides for arts education program, and student transportation to Class Acts arts-in-education	700,000

	performances.	
<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?

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:

Letters from schools and educators supporting the Class Acts arts-in-education program.

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?

To enhance the quality of life for all citizens in the community, the Foundation will present and host an increased and diverse schedule of performing arts. The community will be provided with unequalled services, entertainment and cultural experiences. Through the Class Acts arts education program, the Foundation will offer a wide variety of educational topics that will be presented with the highest artistic and programmatic quality.

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

The Foundation will be able to increase programmatic offerings at the theater for the diverse tastes of the citizens of our community. The Foundation will also be able to increase the number of donated tickets provided to local non-profit organizations, especially those who serve the underprivileged, which will allow greater access to the arts for citizens in our community. The Foundation will also provide more scholarships to local schoolchildren to allow access and transportation to programming.

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	The diverse cultural programming engages the community and enriches the lives of those we serve. We are committed to ensuring all citizens, including schoolchildren and the underprivileged, have access to the arts.	On average, 20,000 local students annually are able to experience the performing arts at the Mahaffey Theater. Many are able to attend for the first time in their lives because of scholarships that the Foundation provides for Class Acts admission and transportation costs. In addition, over 200,000 community members visit the Mahaffey Theater annually to experience the performing arts, including thousands from donated tickets that are provided to diverse, local non-profit organizations.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	The Arts Education program strives to provide quality performing arts programming that provides an effective tool for teaching children outside of the classroom. The education programming meets specific curriculum content that supports the Florida Standards from the Department of Education. The goal is to ensure every child has access to experience the theater and	Teacher Resource Guides are provided for each Class Acts performance, which encourages integration of the arts into the curriculum for a more successful and complete educational experience. The guides will target specific curriculum areas supporting the Florida Standards and will prepare students for a meaningful and rewarding theater experience. This

	the vast learning experiences that come from that opportunity.	learning experience is also offered to many student groups with economic needs and challenges to ensure all children have access to the arts.
<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 Foundation and theater spurs community development, with significant contributions to the overall economic impact on the City of St. Petersburg. The theater annually serves over 200,000 patrons and employs over 65 full and part time staff. Patrons attending the theater increase traffic to local museums, restaurants and other retailers.	The annual visitors to the Downtown St. Petersburg Arts district create a significant impact via retail, dining and all other facets of the local economy.
<input checked="" type="checkbox"/> Increase tourism	The marketing plan includes advertising vehicles that reach beyond the Tampa Bay area, which results in regional group sales business and local hotel activity. Business is driven to local hotels from the incoming artists, tours and attendees as well.	We are able to determine the number of outside visitors utilizing ticketing and other purchasing information.
<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:	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
TOTAL	750,000	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 Bill Edwards Foundation - Arts & Education
4 Programming; 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. Bill Edwards Foundation - Arts & Education
10 Programming is an Appropriations Project as defined in The Rules
11 of The Florida House of Representatives and is described in
12 Appropriations Project Request 158, 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 State to fund the Bill Edwards Foundation - Arts &
17 Education Programming as described in Appropriations Project
18 Request 158.

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: Disaster Response Resiliency and Statewide Readiness - America's Second Harvest of the Big Bend
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Loranne Ausley
Members Copied: Ramon Alexander

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column: A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring; column A + column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					2,140,000	2,140,000

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? Executive Office of the Governor
 - 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.
A corrective action plan with monthly reporting until issues relating to compliance have been satisfactorily resolved.

6. Requester:

- a. Name: Rick Minor
- b. Organization: America's Second Harvest of the Big Bend, Inc.
- c. Email: RickMinor@fightinghunger.org
- d. Phone #: (850)445-1914

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

- a. Name: Rick Minor
- b. Organization: America's Second Harvest of the Big Bend, Inc.
- c. Email: RickMinor@fightinghunger.org
- d. Phone #: (850)445-1914

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

- a. Name: Rick Minor
- b. Firm: N/A - Rick Minor is an employee of America's Second Harvest
- c. Email: RickMinor@fightinghunger.org
- d. Phone #: (850)445-1914

9. Organization or Name of entity receiving funds:

- a. Name: America's Second Harvest of the Big Bend, Inc.
- b. County (County where funds are to be expended): Leon
- 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?

Funding will be used to purchase and upgrade warehouse facilities currently occupied by the food bank under a rental agreement, purchase a high capacity generator, and purchase 2 trucks. This investment increases statewide disaster resiliency and protects against vulnerabilities in Florida's distribution network for emergency food and water. It will also ensure the continued year-round food distribution for a population of 108,000 food insecure people, including 22,700 children.

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	For the purchase of two 24' heavy-duty refrigerated trucks used to safely transport perishable food to hunger-relief charities in Florida. Cost per truck: \$80,000.	160,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	1) \$1.75 million to purchase Second Harvest's now rented warehouse	1,980,000

	facility in Tallahassee, FL. Its facility is Feeding Florida's largest capacity warehouse north of Orlando. It acts as a disaster response distribution hub for emergency partners and other Florida food banks throughout the state. 2) \$190,000 to purchase and install a generator to sustain operation of refrigeration and freezer units if power loss occurs. 3) \$40,000 in warehouse upgrades.	
TOTAL		2,140,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

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:

Two letters of support: 1) Robin Safley, Executive Director of Feeding Florida (850-545-6400, Robin@FeedingFlorida.org) provided a letter dated November 13, 2017, and 2) Patrick Crawford, Director of Disaster Services at Feeding America (312-263-2303,

PCrawford@feedingamerica.org) provided a letter dated November 10, 2017. In his letter, Mr. Crawford states that Second Harvest is "a linchpin in the Feeding Florida disaster relief strategy." Both letters of support are available upon request.

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?

1) Serving as a hub in the statewide distribution of emergency food and water during disaster relief and recovery, which includes coordination with Emergency Operations Centers, the Red Cross, Salvation Army, and other Florida food banks to ensure rapid and adequate distribution of emergency food and water. During Hurricanes Irma and Hermine, for example, Second Harvest distributed more than 350,000 pounds of emergency food, water and supplies to affected areas in Florida.

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

In addition to its role as a distribution hub, Second Harvest also provides direct services to citizens by conducting 'mobile pantries' of emergency food and water after a disaster. After Hurricane Hermine, for example, Second Harvest mobilized emergency food distributions in Taylor and Wakulla Counties, providing over 31,000 pounds of food and water to those impacted by the storm.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students

- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

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

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

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	- Number of nutritious meals, water and disaster relief items delivered to the affected area(s). - Number of people in the affected area(s) requiring medical services, hospitalizations. - Number of people in the affected area(s) with ailments related to hunger or poor nutrition (e.g. diabetes, heart attacks, etc.)	Comparing the health data of the population served during the disaster relief and recovery period with the same metrics from previous disasters such as Hurricane Irma, Charlie, Andrew, etc.
<input checked="" type="checkbox"/> Improve mental health	- Number of nutritious meals, water and disaster relief items delivered to the affected area(s). - Number of people in the affected area(s) requiring mental health care.	Comparing the mental health intake data of the population served during the disaster relief and recovery period with the same metrics from previous disasters such as Hurricane Irma,

		Charlie, Andrew, etc.
<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.)	- Number of nutritious meals, water and disaster relief items delivered to the affected area(s). - Number of nutritious meals, water and disaster relief items delivered to shelters opened by emergency response partners like the Red Cross and Salvation Army. - Number of instances requiring response from law enforcement and government agencies.	Comparing the data of the population served during the disaster relief and recovery period with the same metrics from previous disasters such as Hurricane Irma, Charlie, Andrew, etc.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	- Number of nutritious meals, water and disaster relief items delivered to the affected area(s). - Economic activity related to the purchase of goods and services in the affected area(s). When storm victims receive emergency food and water, they have increased capacity to purchase other necessary goods and services to help them recover from a disaster. - Amount of discretionary income among the populations in the affected	Comparing the data of the population served during the disaster relief and recovery period with the same metrics from previous disasters such as Hurricane Irma, Charlie, Andrew, etc.

	area(s).	
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	<p>- Number of nutritious meals, water and disaster relief items delivered to the affected area(s). - Economic activity related to the purchase of goods and services in the affected area(s). When storm victims receive emergency food and water, they have increased capacity to purchase other necessary goods and services to help them recover from a disaster. - Number of people requesting disaster relief services, including financial support, shelter, etc. over a period of recovery time.</p>	<p>Comparing the data of the population served after a disaster's relief and recovery period with the same metrics from previous disasters such as Hurricane Irma, Charlie, Andrew, etc.</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:	2,140,000	67.3%	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:	800,000	25.2%	No
5. Other:	240,000	7.5%	No
TOTAL	3,180,000	100%	

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

No

1 A bill to be entitled
2 An act relating to the Appropriations Project titled
3 Disaster Response Resiliency and Statewide Readiness -
4 America's Second Harvest of the Big Bend; 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. Disaster Response Resiliency and Statewide
10 Readiness - America's Second Harvest of the Big Bend 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 841, herein incorporated by reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
15 of \$2,140,000 from the General Revenue Fund is appropriated to
16 the Executive Office of the Governor to fund the Disaster
17 Response Resiliency and Statewide Readiness - America's Second
18 Harvest of the Big Bend as described in Appropriations Project
19 Request 841.

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: Undergrounding of Main Electrical Circuits and Infrastructure - City of Homestead
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 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column:	A	B	C	D	E
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					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? Executive Office of the Governor
 - 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: Barbara Quinones
- b. Organization: City of Homestead - Homestead Public Services - Energy
- c. Email: Quinones@cityofhomestead.com
- d. Phone #: (305)224-4704

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

- a. Name: Barbara Quinones
- b. Organization: City of Homestead - Homestead Public Services - Energy
- c. Email: Quinones@cityofhomestead.com
- d. Phone #: (305)224-4704

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

- a. Name: Jose Bermudez
- b. Firm: Becker & Poliakoff
- c. Email: jbermudez@bplegal.com
- d. Phone #: (305)262-4433

9. Organization or Name of entity receiving funds:

- a. Name: City of Homestead
- 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?

on with CRA efforts focused on economic growth and improving the quality of life in the redevelopment area, hardening of the electrical infrastructure through undergrounding facilities in the southwest section of Homestead will aid in attracting businesses to this area, and would minimize future power outages to the existing homes and businesses.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Salaries will be used for the Project Manager to oversee and coordinate all aspects of the work.	100,000
<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 type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Salaries will be used for the engineering team to design the configuration of underground facilities, and for the field force of linemen to install the underground	3,400,000

	facilities and remove the existing overhead facilities. Underground electrical equipment and wire have to be purchased. Special equipment will be used to pull in the underground wire.	
TOTAL		3,500,000

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?

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:

Discussion at the September 27, 2017 Council 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?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Replacing existing overhead electrical facilities with buried underground electrical facilities.

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

Underground facilities are less likely than the current overhead facilities to lose power following a lightning storm or a hurricane, as they are protected from the elements. Having electrical facilities more likely to maintain power after a major weather event is an incentive for new businesses, and also would improve the quality of life for the current residents. Following Hurricane Irma, many residents in this area were without power for several days waiting for downed electrical poles

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 type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Following Hurricane Irma, many residents in this area were without power for several days waiting for downed electrical poles and power lines to be replaced and the infrastructure put back in place. Undergrounding these facilities will minimize outages	Number of days for power to be restored to the area following a major weather event.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Homestead will aid in attracting businesses to this area, and would minimize future power outages to the existing homes and businesses. Having electrical facilities more likely to maintain power after a major	Number of new businesses coming into the area.

	weather event is an incentive for new businesses.	
<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:	3,500,000	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	3,500,000	100%	

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

No

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19

A bill to be entitled
An act relating to the Appropriations Project titled
Undergrounding of Main Electrical Circuits and
Infrastructure - City of Homestead; providing an
appropriation; providing an effective date.

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

Section 1. Undergrounding of Main Electrical Circuits and
Infrastructure - City of Homestead is an Appropriations Project
as defined in The Rules of The Florida House of Representatives
and is described in Appropriations Project Request 1294, herein
incorporated by reference.

Section 2. For fiscal year 2018-2019 the nonrecurring sum
of \$3,500,000 from the General Revenue Fund is appropriated to
the Executive Office of the Governor to fund the Undergrounding
of Main Electrical Circuits and Infrastructure - City of
Homestead as described in Appropriations Project Request 1294.

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: Underwater Veterans Memorial - Pinellas
2. Date of Submission: 11/14/2017
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 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column: A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					100,000	100,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? No
 - 5a. If yes, which state agency?
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Economic Opportunity
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.
Funds will be returned.

6. Requester:

- a. Name: Janet Long
- b. Organization: Pinellas County Commission
- c. Email: janetclong@pinellascounty.org
- d. Phone #: (727)464-3365

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

- a. Name: Charles Mangio
- b. Organization: Pinellas County Department of Solid Waste
- c. Email: cmangio@pinellascounty.org
- d. Phone #: (727)464-7544

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

- a. Name: Martha Edenfield
- b. Firm: Dead, Mean & Dunbar
- c. Email: MEdenfield@deanmead.com
- d. Phone #: (850)999-4100

9. Organization or Name of entity receiving funds:

- a. Name: Pinellas County Commission
- b. County (County where funds are to be expended): Pinellas
- 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?

The Underwater Veteran's Memorial's purpose will be the first national and state underwater memorial to honor the military and veterans who served and fought for our country's freedoms in WWI, WWII, Korea, Viet Nam, Persian Gulf, and Operation Enduring and Iraqi Freedoms. This memorial will support SCUBA diving as the 4th fastest growing sport in America because of the interest in ecology, marine life, and physical fitness.

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	Statues, chains, buoys, and supplies create the memorial	50,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Contracted barge with tug and crane for deployment of memorial components	50,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		100,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

N/A

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

A public hearing in April of 2017 before Pinellas County Commission meeting. June 2017, Pinellas County Commission allocated \$50,000 for the construction of the Underwater Veterans memorial; Letters of support from local and state diver?s operators; Letters of support from local and state veteran organizations

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:

ECONOMIC IMPACT ANALYSIS OF AN UNDERWATER SCULPTURE MEMORIAL AT VETERANS REEF (Fishkind & Associates, Inc., November 2017) and 2) Feasibility Study: Circle of Heroes, an Underwater Sculpture Memorial at Veterans Reef, Pinellas County Florida (Aquabio, Inc., August 2017)

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

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

The Underwater Veterans Memorial will provide services to local and state citizens by providing a recreational site for divers, adaptive sports therapy programs for disabled veterans of the United States and Florida Department of Veterans Affairs, veteran scuba diving organizations, and divers with physical disabilities who participate in adaptive sports recreation and therapy.

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

Physical and mental health therapy for veterans who benefit from diving rehabilitation.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").
 Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

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

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

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit

<input checked="" type="checkbox"/> Improve physical health	Additional muscular-skeleton strength and flexibility	Biological-psychological feedback from divers with physical disabilities. There is a significant body of medical, rehabilitation, occupational, psycho-social, sports medicine supporting water therapy, swimming as beneficial to health. A partial literature review of clinical research from medicine, rehabilitation, occupational, recreational therapeutic journals, identify ?scuba diving? as having improved muscular strengths and flexibility outcomes for populations.
<input checked="" type="checkbox"/> Improve mental health	Improves the symptomology associated with mental conditions, e.g., PTSD and depression, anxiety disorders, trauma.	Biological-psychological-social feedback from divers with mental disabilities. Research indicates reduction of symptomatology associated with mental health. Improves sense of well-being, self confidence, resilience, hope.
<input checked="" type="checkbox"/> Enrich cultural experience	Transcends multicultural and diversify of populations to integrate with a veteran memorial as a historical honor of service .	Community empowerment as a social action process by individuals and groups to gain understanding of the veterans who served and sacrifice in American wars.
<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 and improve the environment for marine fish and invertebrates	Recording and monitoring metrics related to the reef.

<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:	100,000	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:	50,000	20.0%	Yes
5. Other:	100,000	40.0%	Yes
TOTAL	250,000	100%	

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

No

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17

A bill to be entitled
An act relating to the Appropriations Project titled
Underwater Veterans Memorial - Pinellas; providing an
appropriation; providing an effective date.

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

Section 1. Underwater Veterans Memorial - Pinellas is an Appropriations Project as defined in The Rules of The Florida House of Representatives and is described in Appropriations Project Request 839, herein incorporated by reference.

Section 2. For fiscal year 2018-2019 the nonrecurring sum of \$100,000 from the General Revenue Fund is appropriated to the Department of Economic Opportunity to fund the Underwater Veterans Memorial - Pinellas as described in Appropriations Project Request 839.

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: LaBelle Lift Station Generator Project

2. Date of Submission: 11/11/2017

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 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column: A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					90,000	90,000

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? Executive Office of the Governor

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.

cancel funding

6. Requester:

- a. Name: David Lyons
- b. Organization: City of LaBelle
- c. Email: davelyons@hotmail.com
- d. Phone #: (863)228-0008

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

- a. Name: Ron Zimmerly
- b. Organization: City of LaBelle
- c. Email: rzimmerly@citylabelle.com
- d. Phone #: (863)675-2872

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

- a. Name: Joe Spratt
- b. Firm: Spratt & Associates
- c. Email: josephspratt@yahoo.com
- d. Phone #: (863)517-0235

9. Organization or Name of entity receiving funds:

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

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?

For five emergency generators for the City of LaBelle life stations. All of the 23 LaBelle lift stations City Hall lost power after hurricane Irma. Permanent generators are needed to power 5 critical lift stations during emergencies. These 5 lift stations service the LaBelle Civic Center, LaBelle City Hall, and the Hendry County Jail.

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	Five generators and associated equipment to install at 5 critical lift stations.	90,000
TOTAL		90,000

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:

City public meeting conducted on October 12, 2017 and approved by 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?

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 checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Power will be available to run the 5 critical lift stations after an emergency	Power available when activated
<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	Power will be available to run the 5 critical lift stations after an emergency	Power available when activated
<input checked="" type="checkbox"/> Improve stormwater management	Power will be available to run the 5 critical lift stations after an emergency	Power available when activated
<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:	90,000	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	90,000	100%	

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

No

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17

A bill to be entitled
An act relating to the Appropriations Project titled
LaBelle Lift Station Generator Project; providing an
appropriation; providing an effective date.

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

Section 1. LaBelle Lift Station Generator Project is an
Appropriations Project as defined in The Rules of The Florida
House of Representatives and is described in Appropriations
Project Request 552, herein incorporated by reference.

Section 2. For fiscal year 2018-2019 the nonrecurring sum
of \$90,000 from the General Revenue Fund is appropriated to the
Executive Office of the Governor to fund the LaBelle Lift
Station Generator Project as described in Appropriations Project
Request 552.

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: Regional Special Needs and Emergency Center - Hillsborough County
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Shawn Harrison
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column:	A	B	C	D	E
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					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 Economic Opportunity
 - 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: Joshua Bellotti
- b. Organization: Hillsborough County, a political subdivision of the State of Florida
- c. Email: bellottij@hillsboroughcounty.org
- d. Phone #: (813)276-2530

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

- a. Name: Craig Clements
- b. Organization: Hillsborough County
- c. Email: clementsc@hillsboroughcounty.org
- d. Phone #: (813)307-1032

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

- a. Name: Jim Taylor
- b. Firm: Hillsborough County
- c. Email: taylorj@hillsboroughcounty.org
- d. Phone #: (813)276-2640

9. Organization or Name of entity receiving funds:

- a. Name: Hillsborough County Board of County Commissioners
- 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 Regional Special Needs Emergency Center will serve the citizens of northern Hillsborough County as well as neighboring counties during disaster events. The funds being requested will be used to upgrade and harden the facility to meet special needs shelter standards. As demonstrated by Hurricane Irma, there is pressing need for Special Needs Shelters to accommodate frail/at-risk evacuees from the local and adjacent communities.

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 used to upgrade the design, engineering and construction of the Regional Special Needs Emergency Center to special needs shelter standards such as structural, mechanical and electrical upgrades,	3,000,000

	including emergency power. The building structure and envelop such as roof, framing, windows and doors will be designed to meet Category 4 hurricane wind speeds.	
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:

The project is supported by Hillsborough County's Emergency Management Services and the Health Department, as well as the Hillsborough County Sheriff's office

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:

Hillsborough County retained and architectural consultant to prepare schematic design and an estimate for the project. The County's Emergency Management Services has consulted with the Health Department and identified the need for a Special Needs Shelter.

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?

Emergency shelter for Special Needs evacuees.

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

During disasters, the facility will provide food, shelter and care for the target population.

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 type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	This new hardened facility will accommodate the special needs population. It will also relieve other facilities that house similar patients.	Quantifying the number of special needs patients that will be served. As well as reduced call time for responses with the additional public safety office.
<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:	3,000,000	35.2%	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:	3,500,000	41.1%	Yes
5. Other:	2,020,000	23.7%	Yes
TOTAL	8,520,000	100%	

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

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Distribution Storm Hardening - City of Homestead
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? No
If answer to 4a is No? skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

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

6. Requester:

- a. Name: Barbara Quiñones
- b. Organization: City of Homestead - Homestead Public Services - Energy
- c. Email: BQuinones@cityofhomestead.com
- d. Phone #: (305)224-4704

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

- a. Name: Barbara Quiñones
- b. Organization: City of Homestead - Homestead Public Services - Energy
- c. Email: BQuinones@cityofhomestead.com
- d. Phone #: (305)224-4704

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

- a. Name: Jose Diaz
- b. Firm: Robert M. Levy & Associates / Becker & Poliakoff
- c. Email: jdiaz@aol.com / jbermudez@bplegal.com & jfuentes@bplegal.com
- d. Phone #: (305)294-7583

9. Organization or Name of entity receiving funds:

- a. Name: City of Homestead, Florida
- 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 provides for identifying and correcting weak points in the electrical system and hardening the infrastructure to better withstand tropical storm and hurricane force winds. Electrical utilities are required to report the activities which support storm hardening of the infrastructure to the Florida Public Service Commission.

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	Salaries will be used for the Project Manager to oversee and coordinate all aspects of the work.	15,000
<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 type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Salaries will be used for the engineering team to design the configuration of hardened facilities, and for the field force of linemen to install the hardened facilities and	385,000

	remove the existing facilities. New electrical equipment and wire have to be purchased.	
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?

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:

Discussion at the September 27, 2017 Council 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?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Replacing existing overhead electrical facilities with more robust infrastructure, able to withstand high winds and other weather related issues.

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

Installing more robust electrical infrastructure will minimize power outages during severe weather events. Hardening of the electrical infrastructure will aid in attracting businesses to Homestead, and would minimize future power outages to the existing homes and businesses as well as improve the quality of life for the current residents. Also, while replacing facilities, they will be upgraded to handle increased electrical demand that has been forecasted.

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 type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Following Hurricane Irma, many residents in this area were without power for several days waiting for downed electrical poles and power lines to be replaced and the infrastructure put back in place. Undergrounding these facilities will minimize outages.	Number of days for power to be restored to the area following a major weather event.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Hardening of the electrical infrastructure will aid in attracting businesses to the area, and would minimize future power outages to the existing homes and businesses. Having electrical facilities more likely to maintain power after a major	Number of new businesses coming into the area.

	weather event is an incentive for new businesses.	
<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): Improve electrical infrastructure	Will improve the reliability of the electrical infrastructure.	Frequency and duration of power outages in the area.

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:	400,000	50.0%	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

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19

A bill to be entitled
An act relating to the Appropriations Project titled
Distribution Storm Hardening - City of Homestead;
providing an appropriation; providing an effective
date.

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

Section 1. Distribution Storm Hardening - City of Homestead is an Appropriations Project as defined in The Rules of The Florida House of Representatives and is described in Appropriations Project Request 1146, herein incorporated by reference.

Section 2. For fiscal year 2018-2019 the nonrecurring sum of \$400,000 from the General Revenue Fund is appropriated to the Executive Office of the Governor to fund the Distribution Storm Hardening - City of Homestead as described in Appropriations Project Request 1146.

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 North Dade Regional Emergency Operations Center
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 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					610,000	610,000

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? Executive Office of the Governor
 - 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

6. Requester:

- a. Name: Ana Garcia
- b. Organization: City of North Miami Beach
- c. Email: ana.garcia@citynmb.com
- d. Phone #: (305)948-2900

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

- a. Name: Fernando Roriguez
- b. Organization: City of North Miami Beach
- c. Email: fernando.rodriquez@citynmb.com
- d. Phone #: (305)948-2900

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

- a. Name: Rana Brown
- b. Firm: Ronald L. Book P.A.
- 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?

To properly fund facility upgrades and expansion required to optimize its effectiveness in serving and protecting the city's residents and providing them highly valuable updates; furthermore, it will improve the facilities level of protection form storm-related impact.

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	Upgrade of EOC to include window sealing, replacement of shutters where needed, replacement of HVAC chillers and air handlers, replacement of emergency power generator and expansion to include a communications/public affairs	610,000

	operation.	
TOTAL		610,000

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?

The EOC is where all Incident Command operations are conducted. Pre-storm, during-storm and post-storm monitoring, activities coordination, response direction, including assistance to residents; additionally, important event updates (both internal and to the media) are continuously provided from the EOC.

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

Prior to a storm event, the EOC helps to direct and coordinate preparation activities, including removal of debris that may become projectiles, boarding up community centers, sandbag distribution to residents, tree trimming and with dissemination of important

information. Post-storm activities include roadway clearing, flood mitigation, disposal of debris, tree trimming and removal, assessment of electric power loss, and providing water and other assistance to residents in need.

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 type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Number of roadway miles cleared--post storm. This enables residents to access needed supplies, including drinking water, food, and supplies to repair their property, if needed. Additionally, flood mitigation is directly correlated to the health and safety of residents.	Documenting the roadway segments that are cleared after the storm, as well as the number of flood mitigation locations. Documenting the number of water distribution instances.
<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:	610,000	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:	610,000	50.0%	Yes
5. Other:	0	0.0%	No
TOTAL	1,220,000	100%	

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

No

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19

A bill to be entitled
An act relating to the Appropriations Project titled
North Miami Beach North Dade Regional Emergency
Operations Center; providing an appropriation;
providing an effective date.

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

Section 1. North Miami Beach North Dade Regional Emergency
Operations Center is an Appropriations Project as defined in The
Rules of The Florida House of Representatives and is described
in Appropriations Project Request 1113, herein incorporated by
reference.

Section 2. For fiscal year 2018-2019 the nonrecurring sum
of \$610,000 from the General Revenue Fund is appropriated to the
Executive Office of the Governor to fund the North Miami Beach
North Dade Regional Emergency Operations Center as described in
Appropriations Project Request 1113.

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: Arc of the St. Johns Hurricane Shelter & Adult Day Training Center
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 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column:	A	B	C	D	E
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					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? Executive Office of the Governor
 - 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: Kathy Jackson
- b. Organization: The Arc of the St. Johns
- c. Email: kathy@arcsj.org
- d. Phone #: (904)824-7294

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

- a. Name: Kathy Jackson
- b. Organization: The Arc of the St. Johns
- c. Email: kathy@arcsj.org
- d. Phone #: (904)824-7294

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: The Arc of the St Johns, Inc.
- b. County (County where funds are to be expended): St. Johns
- c. Service Area (Counties being served by the service(s) provided with funding): Flagler, 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?

To facilitate the state in providing emergency shelter through the construction of an Adult Day Training Center that serves 100+ individuals who are medically fragile, behaviorally challenged, dually diagnosed or elderly who are also intellectually disabled. The center will be constructed to Florida Public Hurricane Shelter Design criteria, also known as EHPA. This will facilitate St. Johns County in meeting their goal to serve individuals who have special needs not identified in the 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	Design, pre-development, site work, and construction of a 16,000 square foot ADT in accordance with the Florida Emergency Management, EHPA criteria	4,000,000

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?

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:

St. Johns County Emergency Management, St. Johns County Sheriff's Office, St. Johns County Utilities Department, The Arc of Florida, St. Johns County Legislative Delegation, The St. Augustine Record

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 2016 Statewide Emergency Shelter Plan, published January 31, 2016 by the Florida Division of Emergency Management

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?

Consturction of 16,000 square foot ADT/hurricane shelter, built in accordance with the EHPA criteria. Six acres of conservation land, which back up to the current facility, will also be requested. The conserved land is managed by the St. Johns River Water Management District.

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

St. Johns County is one of the fastest growing counties in the state. Currently the building that houses the ADT can not be extended as it was built under the building codes in 1990. There is now a growing waiting list for services in the county which could be met with the addition of this shelter.

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

O>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	A physical education room will be included in the building. Nursing Services are also included in the daily routine of the ADT for those in medical need.	Attendance records or class enrollment. Quickmar tracing system is used for medications and weight
<input checked="" type="checkbox"/> Improve mental health	Psycho-social rehabilitation is offered to those individuals with dual diagnosis	Increase employability and ability to attend community activities
<input checked="" type="checkbox"/> Enrich cultural experience	Cultivate cultural resources to interact and teach skills that allow our individuals to participate in the community	Background screenings and assessments of success
<input checked="" type="checkbox"/> Improve agricultural production/promotion/education	The culinary arts program will be included in the roster of services	Number of individuals enrolled in the program and feedback surveys
<input checked="" type="checkbox"/> Improve quality of education	The Arc of the St. Johns was awarded Arc of the Year in 2017 and strives to implement best practices for education.	Number of calls from other providers to ask for assistance and new referrals for services
<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 Arc of the St. Johns trains new law enforcement personnel to educate them on our population. In addition, ongoing training is provided to reinforce what has been learned	The number of people who are trained and the reduction of police involvement with those in our services

<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	The new expansion will create an additional 15-25 FTE positions. In addition, the construction industry will benefit.	Payroll and financial records
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Creation of 15-25 new FTE positions	Payroll and financial records
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	The Arc operates a Supported Employment program funded by DOE and VR. The program places individuals in jobs in the community earning minimum wage or better	Number of individuals who are successfully employed and recording their payroll stubs
<input checked="" type="checkbox"/> Reduce recidivism	Through the Behavioral Department and the Psycho-Social Rehabilitation program, individuals work on behaviors and learn about medications that assist them in their daily life skills	Number of individuals who are baker acted or arrested
<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:	4,000,000	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
TOTAL	4,000,000	100%	

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

No

1 A bill to be entitled
2 An act relating to the Appropriations Project titled
3 Arc of the St. Johns Hurricane Shelter & Adult Day
4 Training Center; 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. Arc of the St. Johns Hurricane Shelter & Adult
10 Day Training Center is an Appropriations Project as defined in
11 The Rules of The Florida House of Representatives and is
12 described in Appropriations Project Request 1132, 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 Executive Office of the Governor to fund the Arc of the St.
17 Johns Hurricane Shelter & Adult Day Training Center as described
18 in Appropriations Project Request 1132.

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 Emergency Operations & Public Safety Center
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? No
If answer to 4a is No? skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 (if appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					15,000,000	15,000,000

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? Executive Office of the Governor
 - 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.
This grant is likely to be on a reimbursement basis; consequently failure to meet deliverables would result in a default of the grant amount.

6. Requester:

- a. Name: Roman Gastesi
- b. Organization: Monroe County Board of County Commissioners
- c. Email: gasti-roman@monroecounty-fl.gov
- d. Phone #: (305)292-4441

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

- a. Name: Roman Gastesi
- b. Organization: Monroe County Board of County Commissioners
- c. Email: gasti-roman@monroecounty-fl.gov
- d. Phone #: (305)292-4441

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.com
- 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?

The funds will be used to construct a permanent, hardened and elevated Emergency Operations Center in Monroe County capable of withstanding extreme wind and flood loading and remaining operational and self-sustaining for 72 hours off grid. Monroe does not currently have a safe, secure, survivable facility from which to coordinate vital emergency operations, despite being the official entity charged with operation leadership and coordination during emergencies and major storm 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	Construction of EOC.	15,000,000
TOTAL		15,000,000

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:

Monroe County BOCC and municipalities as well as other 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:

State Division of Emergency Management

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?

Emergency preparation, response, and recovery operations.

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

Emergency preparation, response, and recovery operations.

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): Citizens of Monroe County & its municipalities as well as emergency management and first responders.

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	Ability to respond pre-emergency to ensure public safety. Ability to respond post-emergency to ensure	Safe, timely evacuation of tourists, residents, and special needs persons prior to emergency. Ability to meet basic needs (medical, water, food,

	public safety.	shelter, fuel), search and rescue, safety inspections.
<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.)	Improve the outcome of a disaster.	These outcomes can be measured in lives saved, fewer injuries, reduced damages, decreased disruptions, shorter recovery time, etc.
<input checked="" type="checkbox"/> Improve transportation conditions	Evacuation management prior to emergency. Road and bridge infrastructure conditions management post emergency.	Safe, timely, evacuation of tourists and residents. Restoration of critical transportation infrastructure to enable transportation of essential equipment and supplies, safe re-entry for residents, recovery of business activity.
<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:	15,000,000	67.6%	N/A
2. Federal:	2,200,000	9.9%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	4,978,935	22.4%	No
5. Other:	0	0.0%	No
TOTAL	22,178,935	100%	

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

No

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19

A bill to be entitled
An act relating to the Appropriations Project titled
Monroe County Emergency Operations & Public Safety
Center; providing an appropriation; providing an
effective date.

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

Section 1. Monroe County Emergency Operations & Public
Safety Center is an Appropriations Project as defined in The
Rules of The Florida House of Representatives and is described
in Appropriations Project Request 1062, herein incorporated by
reference.

Section 2. For fiscal year 2018-2019 the nonrecurring sum
of \$15,000,000 from the General Revenue Fund is appropriated to
the Executive Office of the Governor to fund the Monroe County
Emergency Operations & Public Safety Center as described in
Appropriations Project Request 1062.

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 Public Schools Hurricane Mitigation

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 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column:	A	B	C	D	E
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					4,400,000	4,400,000

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? Executive Office of the Governor

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: Kamela Patton
- b. Organization: Collier County Public Schools
- c. Email: patton@collierschools.com
- d. Phone #: (239)377-0212

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

- a. Name: Thomas Conrecode
- b. Organization: Collier County Public Schools
- c. Email: conret1@collierschools.com
- d. Phone #: (239)377-0418

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

- a. Name: Vern Pickup-Crawford
- b. Firm: Schoolhouse Consulting Group Inc.
- c. Email: vacrawford@msn.com
- d. Phone #: (561)644-2439

9. Organization or Name of entity receiving funds:

- a. Name: Collier County Public Schools
- 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) Collier County Public School District

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

Funds will provide for storm surge mitigation for Everglades City School.

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 design and construction of storm surge mitigation at the Everglades City School for buildings damaged by Hurricane Irma storm surge.	4,400,000
TOTAL		4,400,000

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?

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:

Documentation and support letters are on file.

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?

Provide for the continued use and improvement of school facilities for the immediate use of students and long term safety and security of the public.

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

Education for students.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health

- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

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

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

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Fitness and athletic programs	Students served
<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	students regain the use of their school buildings	student daily use
<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 checked="" type="checkbox"/> Create specific immediate job opportunities	creates engineering and construction work locally	quantity of 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 checked="" type="checkbox"/> Improve stormwater management	prevents future storm surge damage via storm water diversion	quantity of damage
<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:	4,400,000	77.3%	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	8.8%	Yes
5. Other:	790,390	13.9%	Yes
TOTAL	5,690,390	100%	

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

No

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19

A bill to be entitled
An act relating to the Appropriations Project titled
Collier County Public Schools Hurricane Mitigation;
providing an appropriation; providing an effective
date.

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

Section 1. Collier County Public Schools Hurricane Mitigation is an Appropriations Project as defined in The Rules of The Florida House of Representatives and is described in Appropriations Project Request 969, herein incorporated by reference.

Section 2. For fiscal year 2018-2019 the nonrecurring sum of \$4,400,000 from the General Revenue Fund is appropriated to the Executive Office of the Governor to fund the Collier County Public Schools Hurricane Mitigation as described in Appropriations Project Request 969.

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