## **Appropriations Project Request - Fiscal Year 2017-18**

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Hendry County Wastewater Infrastructure on US27-SR80 Phase II

2. Date of Submission: 01/19/2017

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? Yes

  If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- b. What is the most recent fiscal year the project was funded? 2016-17
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- d. Complete the following Project Request Worksheet to develop your request (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project			Develop New Funds Request		
	for FY 2016-17			for FY 2017-18		
	(If appropriated in 2016-17 enter the			(Requests for additional RECURRING funds are prohibited. Any additional		
	approp	riated amount, e	even if vetoed.)	Nonrecurring funding requested to supplement recurring funds in the base will		
				result in the l	base recurring a	mount being converted to Nonrecurring .)
Column:	Α	В	С	D	E	F
Funds	Prior Year		Total Funds	Recurring Base	Additional	TOTAL Nonrecurring Request
Description:	Recurring	Prior Year	Appropriated	Budget	Nonrecurring	(Will equal the amount from the Recurring base in
	Funds	Nonrecurring		(Will equal non-	Request	Column D to be CONVERTED to Nonrecurring plus
		Funds	(Recurring plus	vetoed amounts		the Additional Nonrecurring Request in Column E.
			Nonrecurring:	provided in Column		These funds will be appropriated non-recurring if
			column A + column	A)		funded in the House Budget or the Final Conference
			В)			Report on the budget.)
Input		250,000			5,400,000	5,400,000
Amounts:						

5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2017-18? 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? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Environmental Protection

- 6. Requester:
  - a. Name: Charles Chapman
  - b. Organization: Hendry County Board of County Commissioners
  - c. Email: cchapman@hendryfla.net
  - d. Phone #: (863)675-5220
- 7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
  - a. Name: Charles Chapman
  - b. Organization: Hendry County Board of County Commissioners
  - c. Email: cchapman@hendryfla.net
  - d. Phone #: (863)675-5220
- 8. If there is a registered lobbyist, fill out the lobbyist information below.
  - a. Name: Joe Spratt
  - b. Firm: Spratt & Associates
  - c. Email: josephrspratt@yahoo.com
  - d. Phone #: (863)675-0235
- 9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):
  - a. Name: Hendry County Board of County Commissioners
  - b. County (County where funds are to be expended): Hendry
  - c. Service Area (Counties being served by the service(s) provided with funding): <u>Hendry</u>
- 10. What type of organization is the entity that will receive the funds? (Select one)
  - O For Profit
  - O Non Profit 501(c) (3)
  - O Non Profit 501(c) (4)
  - Local Government

0	Univer	sity or (	College
0	Other	(Please	describe

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

Construction and construction engineering services of a force main from Airglades Airport to the city of Clewiston's wastewater treatment plant (WWTP) and the decommissioning of the Airglades Airport WWTP. The expected benefits include environmental benefits due to the elimination of the wastewater plant at Airglades Airport, increased wastewater capacity at Airglades Airport, and the ability of future users along the route of the force main to connect instead of installing septic tanks.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category
Administrative Costs:		
□a. Executive Director/Project Head Salary and Benefits		
□b. Other Salary and Benefits		
□c. Expense/Equipment/Travel/Supplies/Other		
□d. Consultants/Contracted Services/Study		
Operational Costs:		
□e. Salaries and Benefits		
☐f. Expenses/Equipment/Travel/Supplies/Other		
□g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
☑h. Construction/Renovation/Land/Planning Engineering	construction and construction engineering services	5,400,000

TOTAL	5,400,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

OFor Profit

ONon Profit 501(c) (3)

ONon Profit 501(c) (4)

OLocal Government (e.g., police, fire or local government buildings, local roads, etc.)

OState agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

OOther (Please describe)

14. Is the project request an information technology project?

N/A

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

Yes

15a. Please Describe:

exhibited by multiple discussions at the Board of County Commissioners meetings fro the past 7 years

- 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:

FY 2015/2016 the planning, design and engineering was funded by the legislature

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

<u>N/A</u>

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

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

Expanding Urban Service Boundary	Number of new connections at Airglades Airport
Create specific and immediate construction job opportunities	Number of employees working on the construction project
The elimination of the wastewater treatment plant at Airglades Airport	The decommissioning of the wastewater treatment plant at the Airglades Airport
	Create specific and immediate construction job opportunities  The elimination of the wastewater

□Improve stormwater management		
☑Improve groundwater quality	Removal of the wastewater treatment plant and spray field at Airglades Airport	The decommissionging of the wastewater treatment plant at Airlades Airport
□Improve drinking water quality		
□Improve surface water quality		
□Other (Please describe):		

19. Provide the total cost of the project for FY 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
Amount Requested from the State in this Appropriations     Project Request:	5,400,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	5,400,000	100%	

- 20. Is this a multi-year project requiring funding from the state for more than one year? No
- 21. What is the revenue source of ongoing operating funds? Connection fees and utility rates

22.	Has local approval been given for ongoing operating funds? No
23.	Have you applied for alternative state funding?  □a. Wastewater Revolving Loan □b. Drinking Water Revolving Loan □c. Small Community Wastewater Treatment Grant □d. Other (Please describe) □de. N/A
24.	Has project been addressed in a local, regional, or state plan? Yes
	24a. If Yes, insert plan name and cite page numbers. County Schedule of Capital Improvements Ordinance #2016-19
25.	Is the project for a financially disadvantaged community? Yes
26.	What is the population economic status? Oa. Financially Disadvantaged Municipality Ob. Rural Area of Critical Economic Concern Oc. Rural Community Experiencing Economic Distress Od. N/A
27.	What is the status of planning?
28.	What percentage of the planning process has been completed 75%
29.	What is the estimated planning completion date? July 1, 2017

30.	What is the status of design? Oa. Ready Ob. Not Ready
31.	What percentage of design ha

- 31. What percentage of design has been completed? 25%
- 32. What is the estimated design completion date? July 1, 2017
- 33. List all required permits.

  South FLorida Water Management District permit, Department of Environmental Protection permit
- 34. What is the status of permitting?
  - ⊙a. Planned
  - Ob. Submitted
  - Oc. Received
- 35. What is the status of construction?
  - Oa. Ready
  - ⊙b. Not Ready
- 36. What percentage of construction has been completed? 0%
- 37. What is the estimated completion date of construction? unable to provide an estimate at this time due to lack of funding