Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Lake Worth Lagoon C-51 Sediment Sourcing

2. Date of Submission: <u>02/01/2017</u>3. House Member Sponsor: Bill Hager

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- 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 (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 for FY 2016-17 (If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)		Develop New Funds Request for FY 2017-18 (Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring.)			
Column:	Α	В	С	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 Request (Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)
Input Amounts:					338,000	338,000

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: Rebecca DeLaRosa
 - b. Organization: <u>Palm Beach County</u>c. Email: <u>rdelarosa@pbcgov.org</u>
 - d. Phone #: (561)355-3451
- 7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
 - a. Name: Christopher Pettit
 - b. Organization: Palm Beach County
 c. Email: cpettit@pbcwater.com
 - d. Phone #: (941)549-2088
- 8. If there is a registered lobbyist, fill out the lobbyist information below.
 - a. Name: <u>Rebecca DeLaRosa</u>b. Firm: <u>Palm Beach County</u>
 - c. Email: rdelarosa@pbcgov.org
 - d. Phone #: (561)355-3451
- 9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):
 - a. Name: Palm Beach County
 - 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)
 - O For Profit
 - O Non Profit 501(c) (3)
 - O Non Profit 501(c) (4)
 - Local Government

0	University or College
0	Other (Please describe

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

Water quality and estuarine habitat improvements

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	sediment sourcing, monitoring and removal	338,000
Fixed Capital Construction/Major Renovation:		
□h. Construction/Renovation/Land/Planning Engineering		
TOTAL		338,000

Fixe	. 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. ked Capital Outlay? was not selected, question 13 is not applicable) N/A		
	Is the project request an information technology project? N/A		
orga	Is there any documented show of support for the requested panizational backing, or other expressions of support? Yes	project in the community including public	c hearings, letters of support, major
	15a. Please Describe: This project was vetted and prioritized by the steering collocal government that collaborate on projects for the berand South Florida Water Management District.	_	•
	Has the need for the funds been documented by a study, com Yes	npleted by an independent 3rd party, for	the area to be served?
	16a. Please Describe: The Lake Worth lagoon management plans and accompaniets prioritized by the Lake Worth Lagoon Initiative.	anying studies and accompanying studie	s and research reports support the
	Will the requested funds be used directly for services to citize N/A	ens?	
18.	What benefits or outcomes will be realized by the expenditur	e of funds requested? (Select all that ap	plies)
	Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
	□Improve physical health		
	□Improve mental health		

□Enrich cultural experience		
□Improve agricultural production/promotion/education		
□Improve quality of education		
☑Enhance/preserve/improve environmental or fish and wildlife quality	reduced sedimentation in Lake Worth Lagoon	measured reduction in turbidity and improvement in documented habitat
□Protect the general public from harm (environmental, criminal, etc.)		
□Improve transportation conditions		
□Increase or improve economic activity		
□Increase tourism		
□Create specific immediate job opportunities		
□Enhance specific individual?s economic self sufficiency		
□Reduce recidivism		
□Reduce substance abuse		
□Divert from Criminal/Juvenile justice system		
□Improve wastewater management		
□Improve stormwater management		
□Improve groundwater quality		
□Improve drinking water quality		
☑Improve surface water quality	reduced sedimentation in Lake Worth Lagoon	measured reduction in turbidity

□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:	338,000	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:	338,000	50.0%	Yes
5. Other:	0	0.0%	No
TOTAL	676,000	100%	

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

20a.	How much state funding	g would be requested	after 2017-18 ov	er the next 5 years

- O<1M
- **⊙**1-3M
- O>3-10M
- O>10M

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

- O1 year
- O2 years
- O3 years
- O4 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?. Oongoing activity ? no total cost O<1M ①1-2M O>2-3M O>3-10M O>10M
21.	What is the revenue source of ongoing operating funds? vessel registration fees
22.	Has local approval been given for ongoing operating funds? Yes
23.	Have you applied for alternative state funding? □a. Wastewater Revolving Loan □b. Drinking Water Revolving Loan □c. Small Community Wastewater Treatment Grant □d. Other (Please describe) ☑e. N/A
24.	Has project been addressed in a local, regional, or state plan? Yes
	24a. If Yes, insert plan name and cite page numbers. Lake Worth Lagoon Management Plan - multiple references
25.	Is the project for a financially disadvantaged community? <u>No</u>
26.	What is the population economic status? Oa. Financially Disadvantaged Municipality Ob. Rural Area of Critical Economic Concern Oc. Rural Community Experiencing Economic Distress

⊙d.	N/A
-----	-----

- 27. What is the status of planning?
 - ⊙a. Ready
 - Ob. Not Ready
- 28. What percentage of the planning process has been completed 100
- 29. What is the estimated planning completion date? 11/11/2016
- 30. What is the status of design?
 - ⊙a. Ready
 - Ob. Not Ready
- 31. What percentage of design has been completed? 100
- 32. What is the estimated design completion date? 11/11/2016
- 33. List all required permits.

N/a

- 34. What is the status of permitting?
 - Oa. Planned
 - Ob. Submitted
 - Oc. Received
- 35. What is the status of construction?
 - ⊙a. Ready
 - Ob. Not Ready
- 36. What percentage of construction has been completed? 0

37. What is the estimated completion date of construction? 6/30/2018