Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

- 1. Title of Project: Palm Coast PEP Area Pump Station Generators
- 2. Date of Submission: <u>02/03/2017</u>
- 3. House Member Sponsor: <u>Paul Renner</u> Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? <u>No</u> 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:	А	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
			B)			Report on the budget.)
Input					250,000	250,000
Amounts:						

5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2017-18? No5a. 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: Brian Matthews
 - b. Organization: City of Palm Coast
 - c. Email: BMatthews@PalmCoastGov.com
 - d. Phone #: (386)986-2353

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: <u>Brian Matthews</u>
- b. Organization: City of Palm Coast
- c. Email: BMatthews@PalmCoastGov.com
- d. Phone #: (386)986-2353
- 8. If there is a registered lobbyist, fill out the lobbyist information below.
 - a. Name: Douglas Bell
 - b. Firm: Buchanan Ingersoll & Rooney PC
 - c. Email: Douglas.Bell@bipc.com
 - d. Phone #: <u>(850)681-9270</u>

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: <u>City of Palm Coast</u>
- b. County (County where funds are to be expended): Flagler
- c. Service Area (Counties being served by the service(s) provided with funding): Flagler
- 10. What type of organization is the entity that will receive the funds? (Select one)

O For Profit

O Non Profit 501(c) (3)

- O Non Profit 501(c) (4)
- ⊙ Local Government

O University or College O Other (Please describe)

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

To protect: human health, property damage, loss of use, surface and ground water contamination from sanitary sewer overflows due to loss of power at the pump stations.

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	Add a properly sized stationary generator to each of 13 pump station sites.	250,000
TOTAL		250,000

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)

⊙Local 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?

<u>Yes</u>

15a. Please Describe:

The Mayor of Palm Coast presented this project along with others as being very important infrastructure improvements for the benefit to the health of both residents and the environment at the Delegation Meeting held on December 21, 2016.

- 16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served? <u>No</u>
- 17. Will the requested funds be used directly for services to citizens? $\underline{N/A}$
- 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 or outcome	Describe the method for measuring level of benefit
Improve physical health	Reduce sewer overflows	Record fewer sewer overflows

□Improve mental health		
Enrich cultural experience		
Improve agricultural production/promotion/education		
□Improve quality of education		
☑Enhance/preserve/improve environmental or fish and wildlife quality	Reduce sewer overflows	Record fewer sewer overflows
☑Protect the general public from harm (environmental, criminal, etc.)	Reduce sewer overflows	Record fewer sewer overflows
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	Reduce sewer overflows	Record fewer sewer overflows
☑Improve stormwater management	Reduce sewer overflows	Record fewer sewer overflows
☑Improve groundwater quality	Reduce sewer overflows	Record fewer sewer overflows
□Improve drinking water quality		
☑Improve surface water quality	Reduce sewer overflows	Record fewer sewer overflows

□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?
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? <u>No</u>
- 21. What is the revenue source of ongoing operating funds? Water, Wastewater, and Reclaimed Water Fees
- 22. Has local approval been given for ongoing operating funds? <u>Yes</u>
- 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? <u>Yes</u>
 - 24a. If Yes, insert plan name and cite page numbers. Palm Coast 2017 Utility Capital Projects Fund
- 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? October 2016
- 30. What is the status of design?⊙a. ReadyOb. Not Ready
- 31. What percentage of design has been completed? 10%
- 32. What is the estimated design completion date? August 2017

33. List all required permits.

City of Palm Coast Electrical 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?

Based on an October 2017 start date (start of FY18), which includes the following timeframes: one month to receive City Council approval to spend the money, four months of lead time to order and receive the generators and 2 months for installation, we anticipate May 2018 for completion.