Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Wakulla County Medart Lift Station Reroute Project

2. Date of Submission: 01/09/2017

3. House Member Sponsor: <u>Halsey Beshears</u>

Members Copied: Joseph Abruzzo

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:	А	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:					530,700	530,700

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.	Red	uester	•

a. Name: Sheree T. Keeler

b. Organization: Wakulla County Board of County Commissioners

c. Email: skeeler@mywakulla.com

d. Phone #: (850)926-0919

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

a. Name: Sheree T. Keeler

b. Organization: Wakulla County Board of County Commissioners

c. Email: skeeler@mywakulla.com

d. Phone #: (850)926-0919

8. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: None

b. Firm: None

c. Email:

d. Phone #:

- 9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):
 - a. Name: Wakulla County Board of County Commissioners
 - b. County (County where funds are to be expended): Wakulla
 - c. Service Area (Counties being served by the service(s) provided with funding): Wakulla
- 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?

Medart Lift Station-a main collector of wastewater for Otter Creek WWTP(upgrades/construction of new WWTP funded \$11 million USDA/RD loan/grant) for properties north of Medart/Panacea. The # after Phase I completion for Magnolia Gardens/Wakulla Gardens(\$4.6m in FY14-15 through NWFWMD) is 270 properties. The Medart Lift Station would be at full capacity w/new connections. Phase 2 (\$5.8m from NWFWMD grant modification in FY15-16) for 446 connections requires installation of a forcemain to bypass t

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		
TOTAL		0

	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) N/A					
14.	4. Is the project request an information technology project? <u>N/A</u>					
	Is there any documented show of support for the requested anizational backing, or other expressions of support?	project in the community including publi	c hearings, letters of support, major			
16.	Has the need for the funds been documented by a study, cor	mpleted by an independent 3rd party, for	the area to be served?			
17.	Will the requested funds be used directly for services to citizen N/A	ens?				
18.	What benefits or outcomes will be realized by the expenditu	re 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					
	□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	
□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:	530,700	%	N/A
2. Federal:		%	

3. State: (Excluding the requested Total Amount in #4d,		%	
Column F)			
4. Local:		%	
5. Other:		%	
TOTAL	530,700	100%	

20.	Is this a multi-year project requiring funding from the state for more than one year?
21.	What is the revenue source of ongoing operating funds?

- 22. Has local approval been given for ongoing operating funds?
- 23. Have you applied for alternative state funding?
 - ☐a. Wastewater Revolving Loan
 - ☐b. Drinking Water Revolving Loan
 - \square 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?
- 25. Is the project for a financially disadvantaged community?
- 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.	Oa.	is the status of planning? Ready Not Ready
28.	What	percentage of the planning process has been completed
29.	What	is the estimated planning completion date?
30.	Oa.	is the status of design? Ready Not Ready
31.	What	percentage of design has been completed?
32.	What	is the estimated design completion date?
33.	List al	I required permits.
34.	Oa. Ob.	is the status of permitting? Planned Submitted Received
35.	Oa.	is the status of construction? Ready Not Ready
36.	What	percentage of construction has been completed?

37. What is the estimated completion date of construction?