Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: City of Pahokee Glades Citizens Villa Stormwater Improvements

2. Date of Submission: 02/06/2017

3. House Member Sponsor: <u>Joseph Abruzzo</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: | | | | | 635,000 | 635,000 |

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: <u>Chandler Williamson</u>b. Organization: City of Pahokee
 - c. Email: cwilliamson@cityofpahokee.com
 - d. Phone #: (561)543-6612
- 7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
 - a. Name: <u>Chandler Williamson</u>b. Organization: City of Pahokee
 - c. Email: cwilliamson@cityofpahokee.com
 - d. Phone #: (561)543-6612
- 8. If there is a registered lobbyist, fill out the lobbyist information below.
 - a. Name: <u>Jordan Connors</u>b. Firm: Resource Group N.A
 - c. Email: jordan@jordanconnors.com
 - d. Phone #: (772)418-6068
- 9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):
 - a. Name: City of Pahokee
 - 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?

Prevention of adequate storm water flow arises from the deterioration of the City?s several decades old drainage system. This project allows the City to address storm water infrastructure needs in this area, while improving the quality of life. Storm water surges will be significantly reduced and controlled during the rainy season and during severe weather occurrences.

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 | Cost Assessments and Field Estimates | 4,800 |
| Fixed Capital Construction/Major Renovation: | | |
| ☑h. Construction/Renovation/Land/Planning Engineering | Physical Repair and Construction of Canal/Cleaning and Replacing Bank | 630,200 |

| | Area | |
|-------|------|---------|
| TOTAL | | 635,000 |

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?

<u>Yes</u>

15a. Please Describe:

Public Support through the Mayor and City Commission has been documented. Public discussion has occurred involving residents and homeowners in this vicinity on the topic of flooding and storm water restoration to support proper drainage from communities facing severe flooding. City Commission adopted by resolution National Flood Plan models approved by the State of Florida.

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 Glades Regional Master Plan supports many areas of infrastructure improvements in the City of Pahokee involving streets, storm water, highways and community and economic restoration.

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 or outcome | Describe the method for measuring level of benefit |
|---|---|---|
| ☑Improve physical health | Health and Human Services/and EPA Standards for Safe Communities | Water Quality and clearance of environmental conditions that affect human health |
| □Improve mental health | | |
| □Enrich cultural experience | | |
| ☑Improve agricultural production/promotion/education | Agricultural Access/Quality | Water Quality Levels In Soil and Run-Off |
| □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 | Vehicle Access/Pedestrians | Reliable Transportation and Pedestrian Access Due To Drainage of Storm-Water Runoff |
| ☑Increase or improve economic activity | Property Investment/Development | Investment of New Infrastructure/Housing |
| □Increase tourism | | |
| ☑Create specific immediate job opportunities | Local Employment in Construction of Storm Water Systems | Local Jobs Through Vendor Contracting |
| □Enhance specific individual?s economic self sufficiency | | |

| □Reduce recidivism | | |
|---|----------------------------------|---|
| □Reduce substance abuse | | |
| □Divert from Criminal/Juvenile justice system | | |
| □Improve wastewater management | | |
| ☑Improve stormwater management | Reduction of Flooding | Storm Water Reduction and Flooding |
| ☑Improve groundwater quality | Environmental Testing and Review | Review of surrounding water drainage |
| □Improve drinking water quality | | |
| ☑Improve surface water quality | Vehicle and Pedestrian Access | Reduction of surface water, increase access |
| □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: | 635,000 | 100.0% | N/A |
| 2. Federal: | 0 | 0.0% | No |
| 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 | 635,000 | 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? Local Utilities |
| 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. Glades Regional Master Plan Conducted By Palm Beach County and Funded by the U.S. Department of Housing and Urban Development. |
| 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? ○a. Ready ⊙b. Not Ready |

- 28. What percentage of the planning process has been completed 5%
- 29. What is the estimated planning completion date? October 2017
- 30. What is the status of design?
 - Oa. Ready
 - ⊙b. Not Ready
- 31. What percentage of design has been completed? 0%
- 32. What is the estimated design completion date? January 2018
- 33. List all required permits.

 City permits, environmental permits, construction permits
- 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? June 2018