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

For projects meeting the Definition of House Rule 5.14

1. Title of Project: City of Lynn Haven Reuse Main to Gulf Power Lansing Smith Plant No. 14431

2. Date of Submission: 02/07/2017

3. House Member Sponsor: Jay Trumbull

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:	(If app	Year Appropriat for FY 2016 propriated in 2010 priated amount, e	6-17 enter the	Nonrecurring fun	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:					360,000	360,000	

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

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a. Name: Joel Schubert

b. Organization: City of Lynn Haven

c. Email: citymanager@cityoflynnhaven.com

d. Phone #: (850)265-2121

- 7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
  - a. Name: Chris Forehand
  - b. Organization: <u>Panhandle Engineering, Inc.</u>c. Email: cbf@panhandleengineering.com
  - d. Phone #: (850)596-1235
- 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: City of Lynn Haven
  - b. County (County where funds are to be expended): Bay
  - c. Service Area (Counties being served by the service(s) provided with funding): Bay
- 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 Univer	sity or College
O Other	(Please describe)

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

The specific purpose of these funds is to design the new 16" reuse main to carry 2.5 million gallons per day (MGD) of effluent discharge to be used at Gulf Power's Lansing Smtih Reuse Plant in lieu of dumping 2.5 MGD of reuse to St. Andrews Bay during wet weather months.

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	Survey, Environmental, Permitting and Engineering	360,000
TOTAL		360,000

	<ol> <li>For the Fixed Capital Costs requested with this issue, what type of ixed Capital Outlay? was not selected, question 13 is not applicable)</li> <li>OFor Profit</li> <li>ONon Profit 501(c) (3)</li> </ol>		when complete? (In Question 12, if ?h.
	ONon Profit 501(c) (4)  OLocal Government (e.g., police, fire or local government buildity (For example: college or university	•	, roads in the state transportation systen
et	etc.) OOther (Please describe)	, , , , , , , , , , , , , , , , , , , ,	,
	<ol> <li>Is the project request an information technology project?</li> <li>N/A</li> </ol>		
orga	5. Is there any documented show of support for the requested proje rganizational backing, or other expressions of support? Yes	ect in the community including public	c hearings, letters of support, major
	15a. Please Describe:  The state and Bay County previously, funded a reuse pipe for	or Bay County to the Lansing SMith P	lant and Construction will begin in 2017.
16.	6. Has the need for the funds been documented by a study, complet $\underline{\text{Yes}}$	ted by an independent 3rd party, for	the area to be served?
	16a. Please Describe: FY 2016 Water & Sewer Utility Impact Fee - Appendix A		
	7. Will the requested funds be used directly for services to citizens? $N/A$		
18.	8. What benefits or outcomes will be realized by the expenditure of	funds requested? (Select all that app	plies)
	, , , , , , , , , , , , , , , , , , ,	ovide 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	Creates construction jobs	Construction bid/water testing
□Enhance specific individual?s economic self sufficiency		
□Reduce recidivism		
□Reduce substance abuse		
□Divert from Criminal/Juvenile justice system		
☑Improve wastewater management	Reduces point discharge	Water quality testing
□Improve stormwater management		
□Improve groundwater quality		
□Improve drinking water quality		

☑Improve surface water quality	Reduces point discharge	Water quality testing
□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:	360,000	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	360,000	100%	

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

20a.	How much state	funding would	be requested after	er 2017-18 o	ver the next 5 y	ears $\hat{i}$
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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

**⊙**2 years

O3 years

O4 years

Or- J years	O>=	5 ،	yea	rs
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	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  O1-2M  O>2-3M  ©>3-10M  O>10M
21.	What is the revenue source of ongoing operating funds? City Wastewater Franchise 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?  No
25.	Is the project for a financially disadvantaged community?  No
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?
28.	What percentage of the planning process has been completed 100%
29.	What is the estimated planning completion date? Complete
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. FDOT Utility Permit, FDEP Wastewater Construction Permit
34.	What is the status of permitting?
35.	What is the status of construction? ○a. Ready ⊙b. Not Ready
36.	What percentage of construction has been completed?

0%

37. What is the estimated completion date of construction? 2019