Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Brevard County 1250 Septic to Sewer Expand and Connect

2. Date of Submission: 02/06/2017

3. House Member Sponsor: Tom Goodson

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:					6,944,500	6,944,500

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: Virginia Barker
 - b. Organization: Brevard County
 - c. Email: virginia.barker@brevardfl.gov
 - d. Phone #: (321)633-2016
- 7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
 - a. Name: Virginia Barker
 - b. Organization: **Brevard County**
 - c. Email: virginia.barker@brevardfl.gov
 - d. Phone #: (321)633-2016
- 8. If there is a registered lobbyist, fill out the lobbyist information below.
 - a. Name: Ronald Book
 - b. Firm: Ronald L. Book P.A.
 - c. Email: ron@rlbookpa.com
 - d. Phone #: (305)935-1866
- 9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):
 - a. Name: Brevard County
 - b. County (County where funds are to be expended): Brevard
 - c. Service Area (Counties being served by the service(s) provided with funding): Brevard
- 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 Univers	sity or College
O Other (Please describe

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

To expand sewer service in 5 neighborhoods, including connection costs for the new customers and decommission 1250 of the most polluting septic systems in Brevard County. This will lead to improved water quality environmental health, fisheries, recreation and property values along the Indian River Lagoon, a National Estuary.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category Description Nonrecurring				
Speriulity Category	Description	(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	Construction, demolition, and sewer service connection fees	6,944,500		
TOTAL		6,944,500		

Fixe	For the Fixed Capital Costs requested with this issue, what ty d Capital Outlay? was not selected, question 13 is not applicate OF or Profit ONon Profit 501(c) (3) ONon Profit 501(c) (4) OLocal Government (e.g., police, fire or local government to OState agency owned facility (For example: college or universe.) Other (Please describe): majority local government	ouildings, local roads, etc.)	
	o other (r rease accombe), majority rotal government		
	Is the project request an information technology project? N/A		
	Is there any documented show of support for the requested anizational backing, or other expressions of support? Yes	project in the community including publi	c hearings, letters of support, major
	15a. Please Describe: This partially implements the Save Our Indian River Lago County Commissioners in August 2016. Local matching f referendum held on November 8, 2016	· · · · · · · · · · · · · · · · · · ·	• •
	Has the need for the funds been documented by a study, con $\underline{\text{No}}$	npleted by an independent 3rd party, for	r the area to be served?
	Will the requested funds be used directly for services to citize N/A	ens?	
12	What benefits or outcomes will be realized by the expenditure	re of funds requested? (Select all that an	nlies)
10.	Benefit or Outcome	Provide a specific measure of the benefit	Describe the method for measuring level
	Bollonic of Catalonia	or outcome	of benefit
	□Improve physical health		
	Limprove priysical nealth		

□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 Algae blooms	Chlorophyll a concentrations	
☑Protect the general public from harm (environmental, criminal, etc.)	Reduce bacteria	shellfish closures	
□Improve transportation conditions			
☑Increase or improve economic activity	increase property values	taxable property value	
☑Increase tourism	increase occupancy	tourist development tax	
□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	1250 fewer septic systems	# of new sewer connections	
☑Improve stormwater management	reduce nutrient pollution	stormwater nutrient concentrations	
☑Improve groundwater quality	reduce nutrient pollution	groundwater nutrient concentrations	
□Improve drinking water quality			
☑Improve surface water quality	reduce nutrient pollution	Lagoon nutrient concentrations	

□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:	6,944,500	50.0%	N/A
2. Federal:	0	0.0%	No
State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	6,944,500	50.0%	Yes
5. Other:	0	0.0%	No
TOTAL	13,889,000	100%	

- 20. Is this a multi-year project requiring funding from the state for more than one year? No
- 21. What is the revenue source of ongoing operating funds? Sewer utility 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
 - \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? Yes
 - 24a. If Yes, insert plan name and cite page numbers.

 Save Our Indian River Lagoon Project Plan, Table 46, Page 59
- 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
 - ⊙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? Done
- 30. What is the status of design?
 - ⊙a. Ready
 - Ob. Not Ready
- 31. What percentage of design has been completed? 95
- 32. What is the estimated design completion date? July 1 2017

33. List all required permits.

DOH and local ROW

- 34. What is the status of permitting?
 - ⊙a. 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? October 2018