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

For projects meeting the Definition of House Rule 5.14

1. Title of Project: City of Eagle Lake - Construction of Two Replacement Wastewater Pumping Stations

2. Date of Submission: 02/06/2017

3. House Member Sponsor: Sam Killebrew

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:	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:					800,000	800,000

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

<ol><li>Requester:</li></ol>	6.	Req	ues	ter:
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a. Name: Thomas Ernharth

b. Organization: <u>City of Eagle Lake</u>c. Email: ternharth@eaglelake-fl.com

d. Phone #: (863)293-4141

- 7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
  - a. Name: Roger Homann
  - b. Organization: Envisors, a Pennoni Company
  - c. Email: rhomann@pennoni.com
  - d. Phone #: (863)888-0278
- 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 Eagle Lake
  - b. County (County where funds are to be expended): Polk
  - c. Service Area (Counties being served by the service(s) provided with funding): Polk
- 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?

Construction of two replacement wastewater pumping stations with emergency generators to replace aging existing stations located at a park very near to Eagle Lake, the City's namesake recreation area, and not at a low area near Lake McLeod, respectively. Both pumping stations are at locations that are in environmentally sensitive areas that would result in surface water contamination in the event of failure (sewage overflows) of the existing pumping 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	Construction of two replacement lift stations with emergency generators including engineering consultant technical services during construction	800,000

	of the project.	
TOTAL		800,000

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:

The proprosed project has been discussed in numerous City Commission meetings as a known project need. The project was previously approved to bid by the City Commission. The adopted Clean WAter SRF Facilities Plan was subsequently approved by the FDEP.

- 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:

An FDEP Clean Water SRF Facilities Plan describing the proposed project prepared by the City's engineering consultant, Envisors, was adopted by the City Commission. The adopted Clean Water SRF Facilities Plan was subsequently approved by the FDEP.

17. Will the requested funds be used directly for services to citizens?

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		
□Improve mental health		
□Enrich cultural experience		
□Improve agricultural production/promotion/education		
□Improve quality of education		
☑Enhance/preserve/improve environmental or fish and wildlife quality	Greatly reduce the risk of sewage overflows into nearby surface water bodies (Eagle Lake and Lake McLeod) due to pumping station failures.	Successful construction and implementation of the pumping stations and counting the number of system failures or upsets at the two constructed new pumping stations.
☑Protect the general public from harm (environmental, criminal, etc.)	Reduce the number of pumping station failures and overflows, which will reduce the risk to the environment. Reduce the probability of FDEP fines for sewage overflows. Emergency generators to be installed with the pumping stations will allow wastewater collection for residents to continue during power outages including storm events.	Successful construction and implementation of the pumping stations and counting the number of system failures or upsets at the two constructed new pumping stations.
□Improve transportation conditions		
☑Increase or improve economic activity	Construction of the project will provide revenues to contractors building the project and to suppliers who are providing equipment for the	Contractor Pay Applications during the project.

	project. It is highly likely that the contractors and suppliers will be from the State of Florida.	
□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	The two new proposed pumping stations will replace aging stations beyond their useful life. O&M costs of the two new pumping stations will be significantly reduced. Emergency generators to be installed at the new pumping stations will maintain service during power outages including storm events.	Successful construction and implementation of the pumping stations and counting the number of system failures or upsets at the two constructed new pumping stations.
□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):

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lype of Funding	Amount	Percent of Total	Are the other sources of

		(Automatically Calculates)	funds guaranteed in writing?
Amount Requested from the State in this Appropriations     Project Request:	800,000	100.0%	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:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	800,000	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 2017-18 over the next 5 years?

⊙<1M

O1-3M

O>3-10M

O>10M

20b. How many additional years of state support do you expect to need for this project?

⊙1 year

O<sub>2</sub> years

O3 years

O4 years

O>= 5 years

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

**⊙**<1M

	O1-2M O>2-3M
	O>3-10M O>10M
21.	What is the revenue source of ongoing operating funds? City's Wastewater Utility Fund
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) □de. 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.  City of Eagle Lake FDEP Wastewater Facilities Plan prepared by Envisors in 2011 - all pages. The sole purpose of the Waster Water Facilities Plan, which was adopted by the City Commission in May 2012 and subsequently approved by the FDEP also in May 2012, was to describe the proposed project.
25.	Is the project for a financially disadvantaged community?  Yes
26.	What is the population economic status?  ②a. 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
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Ob. Not Ready

# 28. What percentage of the planning process has been completed 100

29. What is the estimated planning completion date? 05/22/2012

30. What is the status of design?

⊙a. Ready

Ob. Not Ready

31. What percentage of design has been completed? 100

32. What is the estimated design completion date? 02/26/2013

33. List all required permits.

FDEP Wastewater System Permit

34. What is the status of permitting?

Oa. Planned

Ob. Submitted

⊙c. 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? 06/01/2018