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

For projects meeting the Definition of House Rule 5.14

1. Title of Project: City of Midway Phase I Sanitary Sewer System

2. Date of Submission: 01/31/2017

3. House Member Sponsor: Ramon Alexander

Members Copied:

## 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes

  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? 2016-17
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- 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	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:		150,000	150,000		2,179,993	2,179,993	

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: Auburn Ford
  - b. Organization: <u>City of Midway</u>c. Email: <u>afford@midwayfl.com</u>
  - d. Phone #: (859)574-2355
- 7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
  - a. Name: Mike Murphy
  - b. Organization: Mott MacDonald
  - c. Email: mike.murphy@mottmac.com
  - d. Phone #: (850)688-9840
- 8. If there is a registered lobbyist, fill out the lobbyist information below.
  - a. Name: <u>Darrick McGhee</u>b. Firm: <u>Johnson & Blanton</u>c. Email: <u>Darrick@teamjb.com</u>
  - d. Phone #: (850)321-6489
- 9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):
  - a. Name: City of Midway, Florida
  - b. County (County where funds are to be expended): Gadsden
  - c. Service Area (Counties being served by the service(s) provided with funding): Gadsden
- 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?

Funding will assist to construct a sanitary sewer system throughout the City in order to provide sewer service to residents along with a pump state. The force main from the pump station will go under the Interstate 10 before tying into the Talquin Electric wastewater treatment plant. The funding will assist the City to prioritize failing septic tanks within the City and eliminate or reduce the problem.

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 Midway Phase I Sanitary Sewer System	2,179,993
TOTAL		2,179,993

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question	າ 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?

<u>N/A</u>

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?

Yes

15a. Please Describe:

Public hearings held by the City of Midway Councilmembers; and Public Hearings held by the Gadsden Cty Board of County Commissioners. The Gadsden County Board of County Commissioners made this project their number one priority for the 2017/2018 state fiscal year.

- 16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

  No
- 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	Sanitary Sewer System	Provide efficient and clean water

		sources to the residents.
□Improve mental health		
□Enrich cultural experience		
□Improve agricultural production/promotion/education		
□Improve quality of education		
☑Enhance/preserve/improve environmental or fish and wildlife quality	Sanitary Sewer System	Control water pollution before discharge to surface waters
□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	Sanitary Sewer System	wastewater properly collected and transported

□Improve drinking water quality		
☑Improve surface water quality	Sanitary Sewer System	wastewater treated before returned to the environment.
□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:	2,179,993	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	2,179,993	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? O1 year

O2 years O3 years O4 years ⊙>= 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 describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.  ⊙ongoing activity ? no total cost  ○<1M  ○1-2M  ○>2-3M  ○>3-10M  ○>10M	best
21. What is the revenue source of ongoing operating funds? Service Fees	
22. Has local approval been given for ongoing operating funds? <u>No</u>	
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?  Yes	
26. What is the population economic status?  Oa. Financially Disadvantaged Municipality  ⊙b. 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 100%
29.	What is the estimated planning completion date? Completed
30.	What is the status of design?
31.	What percentage of design has been completed? 75%
32.	What is the estimated design completion date? June 30, 2017
33.	List all required permits. N/A
34.	What is the status of permitting?
35.	What is the status of construction? Oa. Ready ⊙b. Not Ready
36.	What percentage of construction has been completed?

37. What is the estimated completion date of construction? n/a