

# Appropriations Project Request - Fiscal Year 2017-18

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Ocean Breeze Treating Toxic Stormwater

2. Date of Submission: 02/03/2017

3. House Member Sponsor: Gayle Harrell

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? 2015-16

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 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(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 .)</i>		
	Column:	A	B	C	D	E
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring Request</b> <i>(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.)</i>
Input Amounts:					150,000	150,000

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: Terry O'Neill
- b. Organization: Town of Ocean Breeze
- c. Email: woneil@aol.com
- d. Phone #: (772)334-6826

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Pamela Orr
- b. Organization: Town of Ocean Breeze
- c. Email: townofoceanbreez@bellsouth.net
- d. Phone #: (772)334-6826

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: Town of Ocean Breeze, Pamela Orr, townofoceanbreez@bellsouth
- b. County (County where funds are to be expended): Martin
- c. Service Area (Counties being served by the service(s) provided with funding): Martin, Saint Lucie

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government

- University or College
- Other (Please describe)

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

With design and permitting complete, Ocean Breeze requests \$150,000 or 13% of the total cost of \$1,145,171 to construct a stormwater treatment train, part of the Town's \$150M redevelopment that includes 75 septic tanks removed, new sanitary sewer system tie-in, 500 mobile homes removed and 500 modular homes constructed. The treatment system will be constructed along Indian River Drive in front of the Environmental Studies Center and remove 65% of the pollutants flowing into the IR lagoon.

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:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Remove stormwater pollutants using roadway vegetated bio swale islands	150,000

	on Indian River Drive.	
TOTAL		150,000

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)

For Profit

Non Profit 501(c) (3)

Non Profit 501(c) (4)

Local Government (e.g., police, fire or local government buildings, local roads, etc.)

State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

Other (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?

Yes

15a. Please Describe:

Public Hearings: TMDL technical quarterly meeting with FDEP and BMAP stakeholders in March 2010, March 2011, May 2011 The project has been discussed monthly with project updates provided by the TownManager and TownEngineer at the Ocena Breeze Town Commission monthly meetings between January 2015 and January 2017.

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	Describe the method for measuring level
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	or outcome	of benefit
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Educational roadway signage describing the benefits of removing stormwater pollutants placed at the Indian River Drive crosswalks adjacent to the Martin County School Board Environmental Studies Center. Project fact sheets distributed in Martin County Schools.	Number of facts sheets distributed to students regarding the project description and long-term stormwater quality removal rates as a case study to be added to the existing curriculum for students and discussed when visiting from various public and private Martin County Schools.
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Reduced water pollution: TP, TN, contaminants.	Water quality monitoring.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Remove noxious pollutants.	Water quality monitoring.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Increase in sales and construction revenues in the Town, region and state is \$145,300,000 in purchased services associated with removal of mobile homes and construction of new modular homes. \$8,718,000 in sales tax gains.	Cost of removal and new construction. Reported sales tax.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	222 jobs	Number of jobs created.

<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input checked="" type="checkbox"/> Improve stormwater management	Reduced water pollution: TP, TN	Water quality monitoring.
<input checked="" type="checkbox"/> Improve groundwater quality	Reduced water pollution: TP, TN	Water quality monitoring.
<input checked="" type="checkbox"/> Improve drinking water quality	Reduced water pollution: TP, TN	Water quality monitoring.
<input checked="" type="checkbox"/> Improve surface water quality	Reduced water pollution: TP, TN	Water quality monitoring.
<input type="checkbox"/> 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?
1. Amount Requested from the State in this Appropriations Project Request:	150,000	13.1%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	465,000	40.6%	Yes
4. Local:	530,171	46.3%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>1,145,171</b>	<b>100%</b>	

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?

Town of Ocean Breeze General Revenue 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): FDEP, SFWMD
- 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.

FDEP \$315,000; SFWMD \$66,171; 2015 FDEP \$150,000

25. Is the project for a financially disadvantaged community?

No

26. What is the population economic status?

- a. Financially Disadvantaged Municipality
- b. Rural Area of Critical Economic Concern
- c. Rural Community Experiencing Economic Distress
- d. 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?  
10/15

30. What is the status of design?  
a. Ready  
b. Not Ready

31. What percentage of design has been completed?  
100%

32. What is the estimated design completion date?  
10/16

33. List all required permits.  
FDEP Noticed General Permit Self Certification 0330043001EG; Martin County Utilities Permit; SFWMD Permit

34. What is the status of permitting?  
a. Planned  
b. Submitted  
c. Received

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?  
6/18