

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Ocean Research and Conservation Association - Kilroy Monitoring Systems

2. Date of Submission: 01/31/2017

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? 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:	A	B	C	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:	250,000		250,000	250,000	404,969	654,969

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: Dr. Edith Widder
- b. Organization: Ocean Research and Conservation Association, Inc. (ORCA)
- c. Email: ewidder@teamorca.org
- d. Phone #: (772)467-1600

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

- a. Name: Warren Falls
- b. Organization: ORCA
- c. Email: wfalls@teamorca.org
- d. Phone #: (772)467-1600

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: George Jones
- b. Firm: ORCA
- c. Email: gjones@teamorca.org
- d. Phone #: (772)467-1600

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: ORCA
- b. County (County where funds are to be expended): Saint Lucie
- c. Service Area (Counties being served by the service(s) provided with funding): Brevard, Indian River, Martin, Saint Lucie, Volusia

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?

Identify major input sources to the Indian River Lagoon to include the pollutant and suggested actions for correction.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	CEO, Managing Director	12,614
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Bookkeeper	1,087
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	add Single Channel ammonia detector	249,972
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Engineering, Research Scientist	273,216
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Reagents, travel, repairs	93,480
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Lab Analysis (required by contract)	24,600
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		654,969

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)

N/A

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:

Multiple letters of support from entities along the project area.

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
<input checked="" type="checkbox"/> Improve physical health	Provide long term reduction for liver cancer and neurodegenerative diseases (Alzheimer's, Parkinsons, ALS)	Health Department and CDC tracking of human health relative to water supplies.
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input checked="" type="checkbox"/> Improve agricultural production/promotion/education	Improved crop yields by identifying	Improved crop yields relative to better

	contaminated irrigation waters that are negatively impacting soil microbes and reducing production.	irrigation water sources.
<input checked="" type="checkbox"/> Improve quality of education	Providing real time data from Kilroy monitoring systems in conjunction with Florida State standard compliant lessons plans.	Number of Kilroy Academy user increase. Current users total 5300.
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Provide data to agencies and stakeholders to mitigation of dead zones in canals.	Improved fish and wildlife abundance and health.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Identify harmful contaminants t public waters that could have a detrimental effect on human health.	Identifying and pinpointing sources and areas of concern.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Improved real estate values and recreational activities associated with public waters.	Economic assessments and increased water related activities.
<input checked="" type="checkbox"/> Increase tourism	Improved water quality.	Increase in tourism as assessed by tourism board and increased sales tax.
<input type="checkbox"/> Create specific immediate job opportunities		
<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 checked="" type="checkbox"/> Improve wastewater management	Assessed ratio of nitrated to	Direct measurement of nitrate and

	ammonia to determine levels of wastewater treatment required to limit ammonia stimulation of cyanobacteria blooms.	ammonia by Kilroy monitoring systems
<input checked="" type="checkbox"/> Improve stormwater management	Identifying worst sources of storm water non point source pollution.	Kilroy monitoring systems in canals.
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Direct monitoring with Kilroy monitoring systems to identify areas of concern and corrective actions needed.	Kilroy monitoring systems.
<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:	654,969	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	654,969	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?

State of Florida

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?

☐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?
Completed
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?
Completed
33. List all required permits.
None
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?
100%
37. What is the estimated completion date of construction?
Upon approval for funding.