

# Appropriations Project Request - Fiscal Year 2017-18

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Inglis Sub Regional Wastewater Treatment Plan

2. Date of Submission: 02/03/2017

3. House Member Sponsor: Charlie Stone

Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- 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*
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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:					10,000,000	10,000,000

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: Drinda Merritt
- b. Organization: Town of Inglis, Florida
- c. Email: mayordrindamerritt@gmail.com
- d. Phone #: (352)229-0477

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

- a. Name: Paul Adams
- b. Organization: Woodard & Curran
- c. Email: padams@woodardcurran.com
- d. Phone #: (888)239-6279

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 Inglis
- b. County (County where funds are to be expended): Levy
- c. Service Area (Counties being served by the service(s) provided with funding): Levy

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?

These funds will be used to build and connect residents of Inglis, Yankeetown, and near by homes in South Levy County. This will remove septic tanks which will in turn will help with the pollutants entering the Withlacoochee River (an Outstanding Florida Waterway). The area is also a Rural Area of Economic Concern. It will improve and welfare of the communities served by the wastewater treatment facility allowing economic development in this area.

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	Sr. Engineer, Florida P.E.	187,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Const. Spt. On-site.	240,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Office/Field/Vehicle.	24,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Survey/ Geo/Legal.	80,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Opts/Maintenance	120,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Trailer/Equip./Office.	40,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Lab/Regulatory/Geo.	65,000
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Construction/Renovation/Land/Planning Engineering	9,244,000
<b>TOTAL</b>		<b>10,000,000</b>

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:

Withlacoochee River Basin Economic Development Compact, Suwannee River Recreational Compact, Withlacoochee Aquatic Restoration and The Gulf Area Chamber of Commerce.

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:

W.A.R (Withlacoochee Aquatic Restoration) has an ongoing study of the lower Withlacoochee river basin, with the Florida Department of Environmental Protection. Although the study is not complete the monthly studies have shown material in the water samples that can come only from human waste. (i.e. septic tanks) They have found sucralose (artificial sweetener) in the river. As a REDI community we have business that want to locate here but the can not because we have no wastewater treatment fa

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 type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	Number of visitors	Increase in Bed Tax
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Health of the river	Testing of water quality/ increased fishing
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	River health/ reduced crime	Testing of water quality/ reduced arrests
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	New businesses	Number of businesses opening
<input checked="" type="checkbox"/> Increase tourism	Number of visitors	Increase of Bed Tax
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Construction jobs	Number of employed persons
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Number of persons above poverty level	Annual per household income
<input checked="" type="checkbox"/> Reduce recidivism	Reduced repeat arrests	Reduction in numbers of repeat offenders
<input checked="" type="checkbox"/> Reduce substance abuse	Number of arrest for substances violations	Number of arrest reductions
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Number of juvenile arrests	Number of juvenile arrest reduction

<input checked="" type="checkbox"/> Improve wastewater management	Number of septic tanks removed	Number of septic tanks removed
<input checked="" type="checkbox"/> Improve stormwater management	Number of yards with flooding issues	The number of yards flooded after storms
<input checked="" type="checkbox"/> Improve groundwater quality	Lack of bacteria in standing water	Decreased bacteria in standing water
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Lack of bacteria in standing water	Decreased bacteria in standing water
<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:	10,000,000	99.5%	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:	50,000	0.5%	No
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>10,050,000</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?

The revenue source of ongoing operating funds will come from mandatory monthly fees for wastewater.

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?

Yes

24a. If Yes, insert plan name and cite page numbers.

Town of Inglis Comprehensive Plan Goals, Objectives and Policies Page 4-2

25. Is the project for a financially disadvantaged community?

Yes

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

4%

29. What is the estimated planning completion date?

4 Months

30. What is the status of design?

- a. Ready
- b. Not Ready

31. What percentage of design has been completed?

80%

32. What is the estimated design completion date?

August 1, 2017

33. List all required permits.

Southwest Florida Water Management District, Florida Department of Environmental Protection, Inglis and Levy County Building Permits

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?

Two years from funding issued