

# Appropriations Project Request - Fiscal Year 2017-18

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: City of Lynn Haven Water System Improvements No. 14431

2. Date of Submission: 01/31/2017

3. House Member Sponsor: Jay Trumbull

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)	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring Request</b> (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:		287,500	287,500		1,000,000	1,000,000

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: Joel Scubert
- b. Organization: City of Lynn Haven
- c. Email: citymanager@cityoflynnhaven.com
- d. Phone #: (850)856-2121

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

- a. Name: Chris Forehand
- b. Organization: Panhandle Engineering, Inc.
- c. Email: cbf@panhandleengineering.com
- d. Phone #: (850)596-1235

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

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?

The specific purpose of the funds are to replace 90 year old asbestos and cast iron water mains with tuberculosis build up in order to improve water quality and fire flow.

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 checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Engineering/ Construction Administration	230,000
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Construction (Replacement)	770,000
TOTAL		1,000,000

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:

Project is included in City's Capital Improvements Plan

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:

FY 2016 Water & Sewer Utiliy Impact Fee - Appendix A

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 type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Creates construction jobs	Construction Bid
<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 type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		

<input checked="" type="checkbox"/> Improve surface water quality	removes asbestos and tuberculosis lined pipes	Construction Bid
<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:	1,000,000	20.8%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	2,314,000	48.1%	No
4. Local:	1,500,000	31.2%	Yes
5. Other:	0	0.0%	No
TOTAL	4,814,000	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?

City revenues from Franchise Fees

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.

FY 2016 Rate Study - Appendix A

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?

Complete

30. What is the status of design?

☐a. Ready

☒b. Not Ready

31. What percentage of design has been completed?

60%

32. What is the estimated design completion date?

June 2017

33. List all required permits.  
FDEP Watermain Construction 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?  
July 2018