

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: East Milton Water Reclamation Facility (EMWRF)

2. Date of Submission: 02/07/2017

3. House Member Sponsor: Jayer Williamson

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

a. 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

b. What is the most recent fiscal year the project was funded?

c. Were the funds provided in the most recent fiscal year subsequently vetoed?

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: | | | | | 7,000,000 | 7,000,000 |

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: Brian Watkins
- b. Organization: City of Milton
- c. Email: brian.watkins@ci.milton.fl.us
- d. Phone #: (850)983-5411

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

- a. Name: Brian Watkins
- b. Organization: City of Milton
- c. Email: brian.watkins@ci.milton.fl.us
- d. Phone #: (850)983-5411

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

- a. Name: Jennifer Green
- b. Firm: Liberty Partners of Tallahassee
- c. Email: jennifer@libertypartnersfl.com
- d. Phone #: (850)841-1726

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

- a. Name: City of Milton
- b. County (County where funds are to be expended): Santa Rosa
- c. Service Area (Counties being served by the service(s) provided with funding): Santa Rosa

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?

Project is to construct a new wastewater treatment facility that would meet growth demands of the area, provide for land application of plant effluent, and reduce the surface water discharge from the existing plant.

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 | Construction and construction engineering services | 7,000,000 |
| TOTAL | | 7,000,000 |

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:

The project has received written support by the Santa Rosa County Commission as well as support by the Santa Rosa County Legislative Delegation.

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 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 checked="" type="checkbox"/> Increase or improve economic activity | The new plant will allow for the continued growth of the area, including commercial and industrial growth. | Number of new businesses choosing to relocate to the area. |
| <input checked="" type="checkbox"/> Increase tourism | The project could provide enhanced recreational fishing through cleaner waters attracting new visitors to the area. | Number of new tourists coming to the area to enjoy improved fishing opportunities. |
| <input checked="" type="checkbox"/> Create specific immediate job opportunities | Create specific and immediate construction job opportunities. | Number of employees working on the construction project. |
| <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 | The project will eliminate wastewater effluent discharge into the Blackwater | The project will utilize the most current technology available to |

| | | |
|--|---|--|
| | River. | produce an effluent that exceeds drink water standards. |
| <input type="checkbox"/> Improve stormwater management | | |
| <input type="checkbox"/> Improve groundwater quality | | |
| <input checked="" type="checkbox"/> Improve drinking water quality | The proposed treatment plant will utilize the most current technology available to produce an effluent that exceeds drinking water standards. | Water sampling. |
| <input checked="" type="checkbox"/> Improve surface water quality | The project will eliminate the surface water discharge from the existing plant. | Final outcome is to eliminate the surface water discharge from the existing plant. |
| <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: | 7,000,000 | 53.8% | 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: | 2,000,000 | 15.4% | Yes |
| 5. Other: | 4,000,000 | 30.8% | No |
| TOTAL | 13,000,000 | 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
- ☐ 1-3M
- ☒ >3-10M
- ☐ >10M

20b. How many additional years of state support do you expect to need for this project?

- ☒ 1 year
- ☐ 2 years
- ☐ 3 years
- ☐ 4 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 best 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

21. What is the revenue source of ongoing operating funds?

Operating costs will be built into the City of Milton rate structure.

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.

It is documented in the City of Milton's master plan.

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

100%

29. What is the estimated planning completion date?

2010

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?

2010

33. List all required permits.

DEP

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?

2020