

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Community Center-Passive Trail Head - City of Oviedo

2. Date of Submission: 02/07/2017

3. House Member Sponsor: Jason Brodeur

Members Copied: Joseph Abruzzo

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:					575,000	575,000

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 Economic Opportunity

6. Requester:

- a. Name: Bryan Cobb
- b. Organization: City of Oviedo
- c. Email: bcobb@cityofoviedo.net
- d. Phone #: (407)971-5506

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

- a. Name: Dru Boulware
- b. Organization: City of Oviedo
- c. Email: dboulware@cityofoviedo.net
- d. Phone #: (407)971-5561

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

- a. Name: Chris Carmody
- b. Firm: Gray - Robinson
- c. Email: chris.carmody@gray-robinson.com
- d. Phone #: (407)843-8880

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

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

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?

Recreation Senior Center / Passive Trail Head

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 checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Design and Engineering	75,000
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	Total renovation of the Old Post Office to become a Recreation Community Center/ Passive Trail Head	500,000
TOTAL		575,000

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?

No

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:

Support of the Evans Family by Donation Agreement in which Council adopted Resolution No. 2464-12 on January 23rd, 2012. The purchase and redevelopment/reuse of this property will provide for a replacement facility for the City's Memorial Building. The City's Recreation and Parks Department entered into an Agreement with Borrelli & Partners, Inc. on May 1st, 2013, to provide professional Architectural and Engineering services for the Community Center Renovation.

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:

Borrelli & Partners, Inc. made three (3) presentations to Oviedo City Council, the first was on May 29th, 2013, in which Council discussed the conceptual designs for the Building. The second Work Session was held on July 24th, 2013, in which Borrelli & Partners, Inc. prepared architectural renderings of the Community Center based on the input received from City Council's May 29th, 2013 Work Session. Borrelli & Partners, Inc. made their last presentation to City Council on October 28th, 2013

17. Will the requested funds be used directly for services to citizens?

Yes

17a. Describe the target population to be served. Select all that apply to the target population:

- ☒Elderly persons
- ☐Persons with poor mental health
- ☒Persons with poor physical health
- ☐Jobless persons
- ☒Economically disadvantaged persons
- ☐At-risk youth
- ☐Homeless
- ☐Developmentally disabled
- ☐Physically disabled
- ☐Drug users (in health services)
- ☒Preschool students
- ☒Grade school students
- ☒High school students
- ☒University/college students
- ☐Currently or formerly incarcerated persons
- ☐Drug offenders (in criminal Justice)
- ☐Victims of crime
- ☐Other (Please describe)

17b. How many in the target population are expected to be served?

- ☐ < 25
- ☐ 25-50
- ☐ 51-100
- ☐ 101-200
- ☐ 201-400
- ☐ 401-800
- ☒ >800

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	Quality of life issues	Number of local visits to community center for activities. Recommend

		measure after two years of being fully open.
<input checked="" type="checkbox"/> Improve mental health	Quality of life issues	Number of local visits to community center for activities. Recommend measure after two years of being fully open.
<input checked="" type="checkbox"/> Enrich cultural experience	Quality of life issues	Number of local visits to community center for activities. Recommend measure after two years of being fully open.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	New educational opportunities	Number of school classes that use facility for educational outing.
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Improve water quality	Measure nutrient content in Lake Jesup before and three years after project to determine if nutrient level has reduced.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Quality of life issues	Measure the number of senior citizen groups that utilize the facility for events.
<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	Construction jobs / Staff	Total jobs created on 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 type="checkbox"/> Improve wastewater management		
<input checked="" type="checkbox"/> Improve stormwater management	Provides Regional Stormwater collection and treatment facility. Removal of nutrients for the outflow into the local drain base of Lake Jesup	Measure nutrient content in Lake Jesup before and three years after project to determine if nutrient level has reduced.
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<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:	575,000	22.3%	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	77.7%	No
5. Other:	0	0.0%	No
TOTAL	2,575,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No