Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: City of Fort Walton Beach - Stormwater Improvements on Highland Drive NW & Silva Drive NW

2. Date of Submission: <u>02/07/2017</u>

3. House Member Sponsor: Mel Ponder

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			Develop New Funds Request			
	for FY 2016-17			for FY 2017-18			
	(If app	propriated in 201	6-17 enter the	(Requests for additional RECURRING funds are prohibited. Any additional			
	approp	riated amount, e	even if vetoed.)	Nonrecurring funding requested to supplement recurring funds in the base will			
				result in the l	result in the base recurring amount being converted to Nonrecurring .)		
Column:	Α	В	С	D	E	F	
Funds	Prior Year		Total Funds	Recurring Base	Additional	TOTAL Nonrecurring Request	
Description:	Recurring	Prior Year	Appropriated	Budget	Nonrecurring	(Will equal the amount from the Recurring base in	
	Funds	Nonrecurring		(Will equal non-	Request	Column D to be CONVERTED to Nonrecurring plus	
		Funds	(Recurring plus	vetoed amounts		the Additional Nonrecurring Request in Column E.	
			Nonrecurring:	provided in Column These funds will be appropriated non-recurring if			
			column A + column	A)		funded in the House Budget or the Final Conference	
			B)			Report on the budget.)	
Input					1,500,000	1,500,000	
Amounts:							

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

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a. Name: Michael Beedie

b. Organization: City of Fort Walton Beach

c. Email: mbeedie@fwb.org d. Phone #: (850)833-9612

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

a. Name: Michael Beedie

b. Organization: City of Fort Walton Beach

c. Email: mbeedie@fwb.org d. Phone #: (850)833-9612

- 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 Fort Walton Beach
 - b. County (County where funds are to be expended): Okaloosa
 - c. Service Area (Counties being served by the service(s) provided with funding): Okaloosa
- 10. What type of organization is the entity that will receive the funds? (Select one)
 - O For Profit
 - O Non Profit 501(c) (3)
 - O Non Profit 501(c) (4)
 - Local Government

0	University or College
0	Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

The City of Fort Walton Beach was recently donated the historic Gulfview Hotel, which was opened in 1906 and was on the National Historic Registry. One of the requirements of the donation was to relocate the building to a City-owned property that lies adjacent to the Heritage Park & Cultural Center (City Museum with Indian Temple Mound, Camp Walton Schoolhouse, and Garnier's Post Office). The new location will allow the City to expand it's museum space and serve as a welcome center.

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:		
□a. Executive Director/Project Head Salary and Benefits		
□b. Other Salary and Benefits		
□c. Expense/Equipment/Travel/Supplies/Other		
☑d. Consultants/Contracted Services/Study	Design of the stormwater improvements	150,000
Operational Costs:		
☐e. Salaries and Benefits		
☐f. Expenses/Equipment/Travel/Supplies/Other		
□g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
☑h. Construction/Renovation/Land/Planning Engineering	Construction of the stormwater improvements on Highland Avenue	1,350,000

	NW & Silva Drive NW to alleviate flooding issues and to improve water quality entering Santa Rosa Sound	
TOTAL		1,500,000

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)

OFor Profit

ONon Profit 501(c) (3)

ONon Profit 501(c) (4)

OLocal Government (e.g., police, fire or local government buildings, local roads, etc.)

OState agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

OOther (Please describe)

14. Is the project request an information technology project?

<u>N/A</u>

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?

<u>No</u>

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:

City of Fort Walton Beach Stormwater Master Plan completed in December 2013 - Area Nos. 57-59

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)

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Benefit or Outcome	Provide a specific measure of the benefit	Describe the method for measuring level

	or outcome	of benefit
□Improve physical health		
□Improve mental health		
□Enrich cultural experience		
☐Improve agricultural production/promotion/education		
□Improve quality of education		
□Enhance/preserve/improve environmental or fish and wildlife quality		
□Protect the general public from harm (environmental, criminal, etc.)		
□Improve transportation conditions		
□Increase or improve economic activity		
□Increase tourism		
□Create specific immediate job opportunities		
□Enhance specific individual?s economic self sufficiency		
□Reduce recidivism		
□Reduce substance abuse		
□Divert from Criminal/Juvenile justice system		
□Improve wastewater management		
☑Improve stormwater management	Reduce the flooding and improve water quality of the drainage basin for this project	Water testing will be completed in the local surface waters where this drainage basin empties

□Improve groundwater quality		
□Improve drinking water quality		
☑Improve surface water quality	Reduce the flooding and improve water quality of the drainage basin for this project	Water testing will be completed in the local surface waters where this drainage basin empties
□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?
Amount Requested from the State in this Appropriations Project Request:	1,500,000	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	1,500,000	100%	

- 20. Is this a multi-year project requiring funding from the state for more than one year? $\underline{\text{No}}$
- 21. What is the revenue source of ongoing operating funds? City of Fort Walton Beach Stormwater Utility Funds
- 22. Has local approval been given for ongoing operating funds? $\underline{\text{Yes}}$

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) □de. 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. City of Fort Walton Beach Stormwater Master Plan (December 2013) - Area Nos. 57-59
25.	Is the project for a financially disadvantaged community? <u>No</u>
26.	What is the population economic status? Oa. Financially Disadvantaged Municipality Ob. Rural Area of Critical Economic Concern Oc. Rural Community Experiencing Economic Distress ⊙d. N/A
27.	What is the status of planning?
28.	What percentage of the planning process has been completed 100%
29.	What is the estimated planning completion date? 12/31/2013
30.	What is the status of design? Oa. Ready Ob. Not Ready

- 31. What percentage of design has been completed? 0%
- 32. What is the estimated design completion date? 12/29/2017
- 33. List all required permits.

 NWFWMD Stormwater Permit
- 34. What is the status of permitting?
 - ⊙a. Planned
 - Ob. Submitted
 - Oc. Received
- 35. What is the status of construction?
 - Oa. Ready
 - ⊙b. Not Ready
- 36. What percentage of construction has been completed? 0%
- 37. What is the estimated completion date of construction? 6/30/2018