

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Choctawhatchee Bay Estuary Program

2. Date of Submission: 02/07/2017

3. House Member Sponsor: Mel Ponder

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>	Additional Nonrecurring Request	TOTAL Nonrecurring Request <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:					2,000,000	2,000,000

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: Jim Trifilio
- b. Organization: Okaloosa County
- c. Email: jtrifilio@co.okaloosa.fl.us
- d. Phone #: (850)651-7131

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

- a. Name: Jim Trifilio
- b. Organization: Okaloosa County
- c. Email: jtrifilio@co.okaloosa.fl.us
- d. Phone #: (850)651-7131

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

- a. Name: Sarah Busk
- b. Firm: The Advocacy Group of Cardenas Partners LLC
- c. Email: SJB@cardenaspartners.com
- d. Phone #: (850)222-8900

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

- a. Name: Okaloosa County
- b. County (County where funds are to be expended): Okaloosa
- c. Service Area (Counties being served by the service(s) provided with funding): Holmes, Okaloosa, Walton, Washington

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?

Economic Development

Environmental Protection

An Estuary Program is a non-regulatory program that would work to improve the waters, habitats, living resources and economy of the Choctawhatchee Bay watershed. In Okaloosa County, water quality in the bay is a critical component of our tourism economy, as the bay is both scenic and provides recreational opportunities for visitors and locals alike. We request \$2 million to start up an estuary program.

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	Executive Director -\$117,000/yr *3 yrs =	351,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Scientist, Grant Writer, Outreach Coordinator - \$240,500/yr *3yrs =	721,500
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Travel, supplies, 5% indirect costs - \$80,000/yr *3yrs =	240,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Assistance in developing the Comprehensive Mng. Plan - \$229,167/yr *3 yrs=	687,500
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 type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		2,000,000

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)

N/A

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:

The Project has received support by way of signed resolutions from the majority of counties and municipalities within the watershed. Additional formal support has come from Eglin AFB, Hurlburt Field, the Okaloosa/Walton Building Association, Gulf Power, Chambers of Commerce and many others.

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:

Choctawhatchee River and Bay System Surface Water Improvement and Management Plan 2002 Update, NFWFMD, TMDL Report Fecal and Total Coliform TMDL for Choctawhatchee River, FDEP

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

No

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
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<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 checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Improvement of water quality will have beneficial effects on fish and wildlife habitat.	Physical sampling of water quality. Surveys of fish and wildlife habitat.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Decrease the levels of fecal coliform contamination in the Choctawhatchee Bay watershed	Physical sampling of water quality for decreases in fecal coliform contamination.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Improved habitat will increase stocks of fish species vital to fishing interests	Physical sampling of water quality. Surveys of fish and wildlife habitat.
<input checked="" type="checkbox"/> Increase tourism	Increase in visitors to the area.	Survey visitors, increased bed tax figures.
<input checked="" type="checkbox"/> Create specific immediate job opportunities	More nature based jobs created	Chambers of commerce surveys, membership.
<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	More efficient treatment of graywater	Physical sampling of water quality

	and conversion of septic tanks to sewer systems.	number of septic tanks connected back to sewer.
<input checked="" type="checkbox"/> Improve stormwater management	Projects to improve water quality and address flooding	Reduction of annual flooding incidents.
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	More paved roads to reduce sediment.	Physical sampling of runoff.
<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:	2,000,000	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	2,000,000	100%	

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

No