

# Appropriations Project Request - Fiscal Year 2017-18

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Escambia County Innerarity Island Water & Sewer System Upgrade

2. Date of Submission: 02/06/2017

3. House Member Sponsor: Clay Ingram

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? 2015-16

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:					2,730,000	2,730,000

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: Jack Brown
- b. Organization: Escambia County FL Board of County Commissioners
- c. Email: jrbrown@myescambia.com
- d. Phone #: (850)595-4947

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

- a. Name: David Forte
- b. Organization: Escambia County Public Works Department
- c. Email: dvforte@myescambia.com
- d. Phone #: (850)595-3404

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

- a. Name: Richard Gentry
- b. Firm: N/A
- c. Email: rgentry@comcast.net
- d. Phone #: (850)251-1837

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

- a. Name: Escambia County FL Board of County Commissioners
- b. County (County where funds are to be expended): Escambia
- c. Service Area (Counties being served by the service(s) provided with funding): Escambia

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?

This capital project will upgrade the water and sewer system to the residents on Innerarity Island in response to Court Order from Circuit Court that Escambia County assume maintenance and responsibility of the system. Upon completion of the improvements, the Emerald Coast Utility Authority (ECUA) will assume operations and maintenance for the system. This is an intergovernmental project involving coordination with the ECUA and EC and the residents of Innerarity Island.

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	The County will provide the funding to ECUA for handling of the design, permitting and construction of the	2,730,000

	proposed system and infrastructure	
TOTAL		2,730,000

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:

Yes, the project has been vetted through the Escambia County Board of County Commissioners meeting, local town hall meetings, and various public and media outlets in which the support for the upgraded system is desired and necessary.

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:

Kenneth Horne & Associates, Inc. prepared the Innerarity Island Utilities System Evaluation Report (dated October 28, 2015).

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	Construction of system will create short term employment	N/A
<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	An upgraded water and sanitary sewer system will be designed and	N/A

	constructed	
<input checked="" type="checkbox"/> Improve stormwater management	A storm water management system will be part of the project to improve the water quality and run-off in the area	N/A
<input checked="" type="checkbox"/> Improve groundwater quality	A storm water management system will be part of the project to improve the water quality in the area	N/A
<input checked="" type="checkbox"/> Improve drinking water quality	A storm water management system will be part of the project to improve the water quality in the area.	N/A
<input checked="" type="checkbox"/> Improve surface water quality	A storm water management system will be designed to maintain or improve the water quality that is leaving the site	N/A
<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:	2,730,000	73.2%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	1,000,000	26.8%	Yes
4. Local:	0	0.0%	No

5. Other:	0	0.0%	No
TOTAL	3,730,000	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?

N/A

22. Has local approval been given for ongoing operating funds?

No

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?
- No
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?
- NA
30. What is the status of design?
- ☐a. Ready
  - ☒b. Not Ready
31. What percentage of design has been completed?
- 0



32. What is the estimated design completion date?

12/01/18

33. List all required permits.

NWFWMD ERP; FDEP NPDES; ACOE

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?

12/01/2020