

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Walton County U.S. Highway 331 30-inch Water Transmission Line

2. Date of Submission: 02/07/2017

3. House Member Sponsor: Brad Drake

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:					9,449,370	9,449,370

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: Melissa Pilcher
- b. Organization: FL Community Services Corp of Walton County dba Regional Utilities
- c. Email: melissa@regionalutilities.net
- d. Phone #: (850)231-5114

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

- a. Name: Melissa Pilcher
- b. Organization: FL Community Services Corp of Walton County dba Regional Utilities
- c. Email: melissa@regionalutilities.net
- d. Phone #: (850)231-5114

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: Florida Community Services Corp of Walton County d/b/a Regio
- b. County (County where funds are to be expended): Walton
- c. Service Area (Counties being served by the service(s) provided with funding): Walton

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?

Construction of the water transmission line from the existing wells, north of the City of Freeport, will insure that water service is available to the rapidly growing population of South Walton County within the Florida Community Services Corp of Walton County's franchise area.

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	Overhead Phase I- \$10,260 Phase II- \$13,363	23,623
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Design/Survey/Planning Phase I- \$123,120 Phase II- \$160,361	283,481
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Misc Coordination Phase I-\$10,209 Phase II- \$13,478	23,687
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Permitting Phase I- \$10,000 Phase II- \$10,000	20,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	In-House Construction Phase I- \$404,765 Phase II-\$498,452	903,217
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Pipe, Materials, Equipment Phase I- \$3,545,641 Phase II-\$4,649,721	8,195,362
<input type="checkbox"/> g. Consultants/Contracted Services/Study		

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		9,449,370

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?

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?

No

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:

The FCSC of Walton County Master Plan for Capital Improvements to Potable Water and Wastewater Systems (December 2014 edition) prepared for FCSC of Walton County by Brice R. Nist, P.E.; Consulting Civil Engineer. This plan identifies this project as a necessary improvement on page 44, Attachment A, page 4 of 4.

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 checked="" type="checkbox"/> Improve physical health	Insure a clean water supply to the growing population of the franchise	Continued monitoring and testing to insure clean drinking water

	area	
<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 checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Insure a clean water supply to the growing population of the franchise area	Continued monitoring and testing to insure clean drinking water
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Insures that proposed businesses have adequate water supply.	Additional water delivered to the franchise area.
<input checked="" type="checkbox"/> Increase tourism	Insure a clean water supply to the growing population due to tourism in the franchise area.	Additional water delivered to the franchise area.
<input type="checkbox"/> Create specific immediate job opportunities		
<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 type="checkbox"/> Improve stormwater management		

<input type="checkbox"/> Improve groundwater quality		
<input checked="" type="checkbox"/> Improve drinking water quality	Insures a clean water supply to the growing population of the franchise area	Continued monitoring and testing to insure clean drinking water
<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:	9,449,370	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	9,449,370	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?

Rate revenues and impact fees.

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.

Florida Community Services Corp of Walton County Master Plan , page 44, attachment A

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

90%

29. What is the estimated planning completion date?

03/01/2017

30. What is the status of design?

- ☐ a. Ready
- ☒ b. Not Ready

31. What percentage of design has been completed?

30%

32. What is the estimated design completion date?

06/01/2017

33. List all required permits.

FDEP PW, NPDES NOI, FDOT Utility, possibly FDEP Wetland (on Phase II), possible ACOE wetland (on Phase II)

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?

025/28/2018