Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Indian River County-Osprey Acres

2. Date of Submission: <u>02/07/2017</u>3. House Member Sponsor: Erin Grall

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: | А | В | С | 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: | | | | | 1,200,000 | 1,200,000 |

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: Kate Cotner
 - b. Organization: Indian River County Board of County Commissioners
 - c. Email: kcotner@ircgov.com
 d. Phone #: (772)226-1424
- 7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
 - a. Name: Keith McCully
 - b. Organization: Indian River County, Public Works Deartment
 - c. Email: kmccully@ircgov.com
 - d. Phone #: <u>(772)226-1562</u>
- 8. If there is a registered lobbyist, fill out the lobbyist information below.
 - a. Name: Albert Balido
 - b. Firm: Anfield Consulting
 - c. Email: albert@anfieldflorida.com
 - d. Phone #: (866)960-5939
- 9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):
 - a. Name: Indian River County Baord of County Commissioners
 - b. County (County where funds are to be expended): Indian River
 - c. Service Area (Counties being served by the service(s) provided with funding): Brevard, Indian River, Martin, Palm Beach, Saint Lucie, Volusia
- 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

| O University or Co | llege |
|--------------------|----------|
| O Other (Please de | escribe) |

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

To improve the water quality of the Indian River Lagoon by providing additional nutrient removal from Osprey Marsh Algal Turf Scrubber?s effluent, to provide a significant platform for public educational opportunities regarding stormwater pollution and treatment, and to preserve one of the few remaining large pristine upland parcels left in eastern Indian River County.

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 | | |
| 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 | 1,200,000 |
| TOTAL | | 1,200,000 |

| | For the Fixed Capital Costs requested with this issue, what ty d Capital Outlay? was not selected, question 13 is not applicate OFor Profit | • | r when complete? (In Question 12, if ?h. |
|------|--|---|---|
| | ONon Profit 501(c) (3) ONon Profit 501(c) (4) | | |
| | Okon Front 301(c) (4) OLocal Government (e.g., police, fire or local government to the second s | ouildings, local roads, etc.) | |
| | OState agency owned facility (For example: college or universal college | ersity facility, buildings for public schools | s, roads in the state transportation systen |
| et | CC.) | | |
| | OOther (Please describe) | | |
| | Is the project request an information technology project? N/A | | |
| orga | Is there any documented show of support for the requested anizational backing, or other expressions of support? Yes | project in the community including publi | ic hearings, letters of support, major |
| | 15a. Please Describe: The St. Johns River Water Management District (SJRWM River County \$1,200,000 through its Cost-Sharing Progra | , | Osprey Acres Project by granting Indian |
| | Has the need for the funds been documented by a study, con <u>No</u> | npleted by an independent 3rd party, for | r the area to be served? |
| | Will the requested funds be used directly for services to citize N/A | ens? | |
| 10 | What benefits or outcomes will be realized by the expenditure | ro of funds requested? (Salact all that an | nline |
| 10. | 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 | Osprey Acres is also a nature preserve, resulting in a refreshing | Visitor questionnaires. |
|---|---|--|
| | experience to those who visit it. | |
| □Enrich cultural experience | | |
| □Improve agricultural production/promotion/education | | |
| ☑Improve quality of education | Educate public in storm-water treatment methods. | Participant questionnaires. |
| ☑Enhance/preserve/improve environmental or fish and wildlife quality | Reduce the amount of nitrogen and phosphates entering the Indian River Lagoon, preserve a pristine upland area. | Water quality testing, periodic wildlife counts. |
| □Protect the general public from harm (environmental, criminal, etc.) | | |
| □Improve transportation conditions | | |
| □Increase or improve economic activity | | |
| ☑Increase tourism | By improving the health of the Indian River Lagoon, it will create ecotourism opportunities. | Hotel Tax |
| □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 | Provide additional nutrient removal capability for 10 million gallons/day of Osprey Marsh effluent and untreated South Relief Canal Water. | Water quality measurements |
|---------------------------------|--|----------------------------|
| □Improve groundwater quality | | |
| □Improve drinking water quality | | |
| ☑Improve surface water quality | Remove nitrogen and phosphates from the Indian River Lagoon. | Water quality testing. |
| □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: | 1,200,000 | 25.3% | 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: | 1,141,218 | 24.1% | Yes |
| 5. Other: | 2,400,000 | 50.6% | Yes |
| TOTAL | 4,741,218 | 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?

| | Ad valorem taxes allocated to Public Works Stormwater Division. |
|-----|---|
| 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) □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. Osprey Marsh is listed as IRC-6 in Indian River County?s approved BMAP. Osprey Acres will provide additional nutrient reduction to Osprey Marsh?s effluent. |
| 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? ⊙a. Ready Ob. Not Ready |
| 28. | What percentage of the planning process has been completed |

100%

- 30. What is the status of design?
 - Oa. Ready
 - ⊙b. Not Ready
- 31. What percentage of design has been completed? 80%
- 32. What is the estimated design completion date? Late February 2017.
- 33. List all required permits.

Indian River County Site Plan, SJRWMD Notice of Intent to use Environmental Resource Permit (issued), Indian River Farms Water Control District Permit to Work in District Right-of-Way, FDEP permit application for pump station and force main.

- 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?

 March 2018