

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Martin County South Savannas Water Control Weir

2. Date of Submission: 10/02/2017

3. House Member Sponsor: Gayle Harrell

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, Col. E
- 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:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
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 plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					300,000	300,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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? Department of Environmental Protection

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

If project not constructed, funds to be reverted back to FDEP.

6. Requester:

- a. Name: Deborah Drum
- b. Organization: Martin County Engineering Dept. Ecosystems Restoration and Management Division
- c. Email: ddrum@martin.fl.us
- d. Phone #: (772)463-3263

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Dianne Hughes
- b. Organization: Martin County Engineering Department
- c. Email: dhughes@martin.fl.us
- d. Phone #: (772)219-4980

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Carol Bracy
- b. Firm: Ballard Partners
- c. Email: Carol@ballardfl.com
- d. Phone #: (850)210-6498

9. Organization or Name of entity receiving funds:

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

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?

Design and construction of an operable water control weir structure to provide habitat restoration to the wetland to the north, reduce velocities in Warner Creek, reduce flooding in adjacent neighborhoods, provide ground water recharge, and improve timing of fresh water discharge to the estuary.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) 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	Creation of water control weir including engineering, design, permitting and construction.	300,000
TOTAL		300,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- 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:

Phase 1 of this project is currently underway and consists of the development of a hydrological model to assist stakeholders in Martin and St Lucie counties to develop an operational schedule and to provide structural improvements within the Savannas 22,000 acre watershed. During numerous public meetings for Phase I it was discussed that structural and non-structural improvements for the system would be developed.

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:

A contractor has been hired to develop a hydrological model and to provide an alternatives analysis for the Savannas 22,000+ acre watershed in Martin and St. Lucie Counties. The alternatives analysis includes

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 each Benefit/Outcome 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	Habitat restoration in Savannas Preserve State Park by increasing wetland hydroperiod.	Hydroperiod monitoring of the wetland north of the newly constructed weir.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Reduced flooding to downstream homes during peak storm events.	Reduced number of flooded homes/areas.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Construction activities will utilize contractors, supporting economic activity for building the project.	Increased tax base.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Construction activities will utilize contractors, supporting economic activity for building the project..	No planned measurements for this benefit
<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 checked="" type="checkbox"/> Improve stormwater management	Reduced flooding to downstream homes during peak storm events.	Reduced number of flooded homes/areas.
<input checked="" type="checkbox"/> Improve groundwater quality	Improved groundwater quality is implied by this project, but there are no funds to specifically measure the improvement.	No planned measurements for this benefit.
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	300,000	50.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column E)	0	0.0%	No
4. Local:	300,000	50.0%	Yes
5. Other:	0	0.0%	No
TOTAL	600,000	100%	

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

No

21. What is the revenue source of ongoing operating funds?

Local ad valorem

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.

FDEP/Florida Park Service Savannas Preserve State Park Unit Management Plan, Page 23.

25. Is the project for a financially disadvantaged community? (as defined in Chapter 62-552, F.A.C.)

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?

10%

29. What is the estimated planning completion date?

9/30/2018

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?
4/30/2019
33. List all required permits.
SFWMD Environmental Resource Permit (ERP); 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?
9/30/2019