

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Eagle Lake Construction of Two Replacement Wastewater Lift Stations

2. Date of Submission: 10/13/2017

3. House Member Sponsor: Sam Killebrew

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 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
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 plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					800,000	800,000

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.

The City will assess Liquidated Damages on the contractor who fails to meet the completion deadlines.

6. Requester:

- a. Name: Thomas Ernharth
- b. Organization: City of Eagle Lake
- c. Email: ternharth@eaglelake-fla-com
- d. Phone #: (863)293-4141

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

- a. Name: Roger L. Homann
- b. Organization: Envisors, a Division of Pennoni
- c. Email: rhomann@pennoni.com
- d. Phone #: (863)888-0278

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

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

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

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 two replacement wastewater pumping stations with emergency generators to replace aging existing stations located at a park very near to Eagle lake and at a low area near Lake McLeod, respectively. Both pumping stations are at locations that are environmentally sensitive areas that would result in surface water contamination in the event of failure (sewage overflows) of the existing pumping stations.

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	Construction of two replacement pumping stations with emergency generators including engineering consultant technical services during the construction of the work.	800,000
TOTAL		800,000

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:

The proposed project has been discussed in numerous City Commission meetings as a known project need. The project was previously approved to be bid by the City Commission along with three other pumping stations. However, the bids received were too high for the City to afford at that time and the City was only able to complete three of the pumping stations.

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:

An FDEP Clean Water SRF Facilities Plan describing the proposed project was prepared by the City's engineering consultant, adopted by the City Commission, and subsequently approved by FDEP.

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
<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	Greatly reduce the risk of sewage overflows into nearby surface waters (Eagle Lake and lake McLeod) due to pumping station failures.	Successful completion and implementation of the pumping station replacements and counting the number of failures or upsets at the two constructed new pump stations.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Reduce the number of pumping station failures and overflows, which will reduce the risk to the environment. Reduce the probability of FDEP fines for sewage overflows. Emergency generators to be installed to provide backup power source.	Successful completion and implementation of the pumping station replacements and counting the number of failures or upsets at the two constructed new pump stations.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Construction of the project will provide revenues to building contractors building the project and to suppliers who are providing equipment for the project. It is highly likely that the contractors and suppliers will be Florida based firms.	Contractor Pay Applications during construction.

<input type="checkbox"/> Increase tourism		
<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 checked="" type="checkbox"/> Improve wastewater management	The two new pumping stations will replace existing facilities that have aged beyond their useful life. O&M costs for the new stations will be significantly reduced. Emergency generators will increase reliability by providing backup power.	Successful construction and implementation of the pumping stations and tracking the number of failures or upsets at the two facilities.
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<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:	800,000	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	800,000	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?

The City's wastewater utility fund.

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.

Facilities Plan prepared by Envisors in 2011 - all pages. The sole purpose of this plan, which was adopted by the City Commission in May 2012 and subsequently approved by FDEP in May 2012, was to describe the need for the proposed project.

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

Yes

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?
- 05/22/2012
30. What is the status of design?
- ☒ a. Ready
 - ☐ b. Not Ready
31. What percentage of design has been completed?
- 100
32. What is the estimated design completion date?
- 02/26/2013
33. List all required permits.
- FDEP Wastewater System Permit
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?

06/01/19