

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Palm Beach Zoo and Conservation Society Water Quality and Recreation
2. Date of Submission: 11/01/2017
3. House Member Sponsor: David Silvers
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:					250,000	250,000

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? Fish and Wildlife Conservation Commission
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No
 - 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.

n/a

6. Requester:

- a. Name: Bridget Baratta
- b. Organization: Palm Beach Zoo and Conservation Society
- c. Email: bbaratta@palmbeachzoo.org
- d. Phone #: (561)517-5107

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

- a. Name: Bridget Baratta
- b. Organization: Palm Beach Zoo and Conservation Society
- c. Email: bbaratta@palmbeachzoo.org
- d. Phone #: (561)517-5107

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

- a. Name: Jerry McDaniel
- b. Firm: Southern Strategy Group
- c. Email: mcdaniel@sostrategy.com
- d. Phone #: (850)566-6068

9. Organization or Name of entity receiving funds:

- a. Name: Palm Beach Zoo and Conservation Society
- b. County (County where funds are to be expended): Palm Beach
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, Martin, Okeechobee, Palm Beach

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?

Repair and Clean equipment and waterways affected by Hurricane Irma so as to eventually attract visitors for fishing and boating activities on 5+ unusable acres of waterways.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?? 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 checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Low cost aerators, circulation pumps, mobile filtration systems to address pockets of contamination	92,500
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Water quality testing and monitoring of water quality	57,500
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Dredge years of bio-waste sludge from lake floor	100,000
TOTAL		250,000

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): Leased

14. Is the project request an information technology project?

No

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:

Third party engineer analysis of water bodies and water quality over past year. Verbal recommendation from Dept of Environmental Resource Management (county leading So. Fla Coalition on Climate Change) include guidance that users of ground water wells east of I-95 plan for other long term water supply due to sea level rise salt infiltration. Years of independent testing labs confirm presence of animal fecal bacteria exceeding water quality standard limits.

17. Will the requested funds be used directly for services to citizens?

No

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 checked="" type="checkbox"/> Improve physical health	Improve water quality on 5+ acres of ponds	Water quality metrics

<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	Ability to provide additional cultural activities on and around ponds	Visitor polling
<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	Improved water quality	Water quality metrics
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Improved water quality	Water quality metrics
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Increased visitation and revenue to zoo	Year over year visitation and revenue comparisons
<input checked="" type="checkbox"/> Increase tourism	Increased visitation and revenue to zoo	Year over year visitation and revenue comparisons
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Increased visitation and revenue to zoo	Year over year visitation and revenue comparisons
<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	Reduction of flooding in and around zoo property during storms	Observation on premises

<input checked="" type="checkbox"/> Improve groundwater quality	Improved water quality	Water quality metrics
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Improved water quality	Water quality metrics
<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:	250,000	66.7%	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:	125,000	33.3%	No
TOTAL	375,000	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 2018-19 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
- 1-3M
- >3-10M
- >10M