

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: St. Cloud Downtown Revitalization Phase I

2. Date of Submission: 11/13/2017

3. House Member Sponsor: Mike La Rosa

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E
- What is the most recent fiscal year the project was funded? 2017-18
- Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- 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:		900,000	900,000		2,200,000	2,200,000

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 Economic Opportunity

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.

As part of the contract for the project the City will require a performance bond backed by an acceptable surety in the total amount of the contract price. Additionally, the City will include a liquidated damages clause to ensure timely completion of the project. Both remedies are designed to protect the investment and ensure the project is performed timely and in accordance with the plans.

6. Requester:

- a. Name: William Sturgeon
- b. Organization: City of St. Cloud
- c. Email: wsturgeon@stcloud.org
- d. Phone #: (407)957-7305

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

- a. Name: William Sturgeon
- b. Organization: City of St. Cloud
- c. Email: wsturgeon@stcloud.org
- d. Phone #: (407)957-7305

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

- a. Name: Bill Barrett
- b. Firm: Sewell Point Group
- c. Email: bbarrett.spg@gmail.com
- d. Phone #: (321)403-6410

9. Organization or Name of entity receiving funds:

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

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?

Improved public health, safety and well being through upgraded water utility and fire protection, walkability and increased economic opportunities.

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	Downtown Infrastructure Improvement to include potable water utility upgrade, stormwater, sidewalks, streets, streetscapes on New York Avenue and the alleyways.	2,200,000
TOTAL		2,200,000

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?

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?

Yes

15a. Please Describe:

City of St. Cloud Streetscape Project presented and approved by Council February 28, 2008, Downtown Revitalization Powerpoint presentation to Community Redevelopment Agency (CRA) on January 5, 2016, Downtown Revitalization - Envision St. Cloud presented and approved by Council on September 14, 2017

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:

2014- City of St. Cloud FON - Finding of Necessity, FON-Adoption -Resolution -Draft CRA Expansion, CRA Master Plan: Aug4MasterPlan Doc, St. Cloud Community Redevelopment Plan

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

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

New Your Avenue is the main street in historic downtown and is the first phase of our downtown revitalization efforts. City revitalization improvements will involve street reconstruction, reinstalling historic bricks, new sidewalks, street lighting and landscaping. All existing 2"

water pipes will be replaced with 8" water pipes to improve service delivery and improve fire fighting capabilities. Also, a functioning storm water system will be installed to alleviate flooding and the erosion of r

17b. Describe the direct services to be provided to the citizens by the funding requested.

Improved public health, safety and well being through upgraded water utility and fire protection, walkability and increased economic opportunities.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- ☐ Elderly persons
- ☐ Persons with poor mental health
- ☐ Persons with poor physical health
- ☐ Jobless persons
- ☐ Economically disadvantaged persons
- ☐ At-risk youth
- ☐ Homeless
- ☐ Developmentally disabled
- ☐ Physically disabled
- ☐ Drug users (in health services)
- ☐ Preschool students
- ☐ Grade school students
- ☐ High school students
- ☐ University/college students
- ☐ Currently or formerly incarcerated persons
- ☐ Drug offenders (in criminal Justice)
- ☐ Victims of crime
- ☒ General (The majority of the funds will benefit no specific group)
- ☐ Other (Please describe)

17d. How many in the target population are expected to be served?

- ☐ < 25
- ☐ 25-50
- ☐ 51-100
- ☐ 101-200
- ☐ 201-400

○401-800

◎>800

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	Improved walkability and access	Increased , safer walking routes and reduction of injuries, accidents and fatalities. Increased pedestrian travel.
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	Greater community and visitor engagement.	Level of stakeholder (merchants) cooperation and involvement increased. Increased customer satisfaction through survey method.
<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.)	Increased fire safety and protection.	Less accidents, injuries and property loss.
<input checked="" type="checkbox"/> Improve transportation conditions	Restored/improved brick streets.	Escalation in number of ped traffic and non-local traffic.
<input checked="" type="checkbox"/> Increase or improve economic activity	Increase in retail foot traffic	Visibility and transactional volume and job creation.
<input checked="" type="checkbox"/> Increase tourism	Enhanced visual and aesthetic qualities	Increased in visitors and non-local traffic.

<input checked="" type="checkbox"/> Create specific immediate job opportunities	Utilization of outside vendors	Number of construction jobs increased for project implementation.
<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	Upsize water flows and upgrade of pipeline.	Decrease in accidents, injuries and property loss. Increase in storm water capacity for fire safety and protection and reduction in utility repairs.
<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:	2,200,000	37.9%	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:	3,600,000	62.1%	Yes
5. Other:	0	0.0%	No
TOTAL	5,800,000	100%	

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

No