## **Appropriations Project Request - Fiscal Year 2018-19**

For projects meeting the Definition of House Rule 5.14

1. Title of Project: <u>Greenacres Original Section Drainage Improvements</u>

2. Date of Submission: 11/08/2017

3. House Member Sponsor: Matt Willhite

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.) |                                     | (Reque   | Develop New Funds Request<br>for FY 2018-19<br>sts for additional RECURRING funds a | re prohibited.)                 |  |
|-----------------------|---|-------------------------------------|--|---|---------------------------------|--|
| Column:               | Α   | В                                   | С  | D   | E                               | F  |
| Funds<br>Description: | Prior Year<br>Recurring<br>Funds  | Prior Year<br>Nonrecurring<br>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<br>Amounts:     |   |                                     |  |   | 150,000                         | 150,000  |

- 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? 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.

If the City fails to meet the deliverables or performance measures future funding requests for this specific project will not be requested until the outlined deliverables from this allocation have been met.

a. Name: Andrea McCue

b. Organization: <u>City of Greenacres</u>c. Email: amccue@greenacresfl.gov

d. Phone #: (561)642-2017

- 7. Contact for questions about specific technical or financial details about the project:
  - a. Name: Kara Ferris
  - b. Organization: <u>City of Greenacres</u>c. Email: <u>kferris@greenacres.gov</u>
  - d. Phone #: (561)642-2040
- 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 Greenacres
  - b. County (County where funds are to be expended): Palm Beach
  - c. Service Area (Counties being served by the service(s) provided with funding): Palm Beach
- 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 College

| O Other (Please describe | $\circ$ | Other ( | Please | describe |
|--------------------------|---------|---------|--------|----------|
|--------------------------|---------|---------|--------|----------|

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

The proposed project will create an engineered drainage system to collect, store and convey storm water runoff in the Original Section (Platted in 1925) of the City which will reduce flooding, improve performance and reduce future maintenance needs.

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:                                   |  |  |
| □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   | For FY 2018, enhancement of the existing storm water drainage system for the southeastern corner of the Original Section will occur by increasing capacity and conveyance effectiveness at the existing alleys | 150,000  |

|       | through excavation and grading. |         |
|-------|---------------------------------|---------|
| TOTAL |                                 | 150,000 |

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)

**OFor Profit** 

ONon Profit 501(c) (3)

ONon Profit 501(c) (4)

OLocal Government (e.g., police, fire or local government buildings, local roads, etc.)

OState agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

OOther (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?

<u>No</u>

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

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 |
|--------------------------|--|--|
| □Improve physical health |  |  |
| □Improve mental health   |  |  |

| □Enrich cultural experience   |  |   |
|---|--|---|
| □Improve agricultural production/promotion/education                  |  |   |
| □Improve quality of education   |  |   |
| ☑Enhance/preserve/improve environmental or fish and wildlife quality  | Reduction of polluted storm water runoff and protect County and State water conveyance systems.  | Cubic yards of sedimentation removed from the storm water system.   |
| ☑Protect the general public from harm (environmental, criminal, etc.) | Possible prevention of future environmental hazards, such as localized flooding over 57.3 acres of residential and some commercial properties within the City's Original Section, Platted in 1925. | Linear feet of alleyways excavated and graded, thereby increasing the storage capacity and conveyance effectiveness of the existing alley systems for the area. |
| □Improve transportation conditions                                    |  |   |
| □Increase or improve economic activity                                |  |   |
| □Increase tourism   |  |   |
| ☑Create specific immediate job opportunities                          | Excavation and grading of the storm water systems will require contractual services.   | Number of employees hired to conduct required services.   |
| □Enhance specific individual?s economic self sufficiency              |  |   |
| □Reduce recidivism  |  |   |
| □Reduce substance abuse   |  |   |
| □Divert from Criminal/Juvenile justice system                         |  |   |
| □Improve wastewater management  |  |   |
| ☑Improve stormwater management  | Cleaning, excavation, and grading  | Cubic yards of sedimentation removed from becoming runoff into  |

|                                 | the storm water system.   | existing conveyance systems by improving the capacity and conveyance of the drainage system. |
|---------------------------------|---|--|
| ☑Improve groundwater quality    | Reduction of pollution into groundwater by improvements to the alleyway swale and retention area. | Excavation and grading of 7200 linear feet of swale retention area.                          |
| □Improve drinking water quality |   |  |
| ☑Improve surface water quality  | Reduction of pollutants leading into the LWDD Canal E-3, LWDD Canal L-11, and LWDD Canal L-10     | Linear feet of storm water retention in area excavated and graded.                           |
| □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? |
|---|---------|------------------|---|
| Amount Requested from the State in this Appropriations     Project Request: | 150,000 | 35.3%            | N/A   |
| 2. Federal:   | 125,000 | 29.4%            | Yes   |
| State: (Excluding the requested Total Amount in #4d, Column F)              | 0       | 0.0%             | No  |
| 4. Local:   | 150,119 | 35.3%            | Yes   |
| 5. Other:   | 0       | 0.0%             | No  |
| TOTAL   | 425,119 | 100%             |   |

20. Is this a multi-year project requiring funding from the state for more than one year?  $\underline{\text{Yes}}$ 

| 20a. How much state funding would be requested after 2018-19 over the next 5 years?<br>⊙<1M  |              |
|--|--------------|
| O1-3M  |              |
| O>3-10M  |              |
| O>10M  |              |
| 20b. How many additional years of state support do you expect to need for this project?  |              |
| O1 year  |              |
| O2 years   |              |
| O3 years   |              |
| <b>⊙</b> 4 years   |              |
| O>= 5 years  |              |
| <ul> <li>20c. What is the total project cost for all years including all federal, local, state, and any other fund describes the total project cost. If funds requested are for ongoing services or for recurring activit Oongoing activity? no total cost O&lt;1M</li> <li>①1-3M</li> <li>○3-10M</li> <li>○&gt;10M</li> </ul> | <del>-</del> |
| 21. What is the revenue source of ongoing operating funds?  Ad Valorem Taxes   |              |
| 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?  |              |

24a. If Yes, insert plan name and cite page numbers.

City of Greenacres Comprehensive Plan Infrastructure Element Pages I-9 & I-10

- 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?
  - Oa. Financially Disadvantaged Municipality
  - Ob. Rural Area of Critical Economic Concern
  - Oc. Rural Community Experiencing Economic Distress
  - Od. 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
- 29. What is the estimated planning completion date? 12/4/2017
- 30. What is the status of design?
  - Oa. Ready
  - ⊙b. Not Ready
- 31. What percentage of design has been completed? 0
- 32. What is the estimated design completion date? 3/0/2018
- 33. List all required permits.

South Florida Water Management District, City of Greenacres, Lake Worth Drainage District

- 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? 12/31/2018