Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Webster Gravity Collection System for NW 8th Avenue Area

2. Date of Submission: <u>11/14/2017</u>3. House Member Sponsor: Randy Fine

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. 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
- b. What is the most recent fiscal year the project was funded? 2016-17
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	(If app	Year Appropriat for FY 2017- propriated in 2011 riated amount, e	7-18 enter the	(Reque	Develop New Funds Request for FY 2018-19 sts for additional RECURRING funds a	re prohibited.)
Column:	А	В	С	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:					1,500,000	1,500,000

- 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.

6. Requester: a. Name: <u>Deanna Naugler</u> b. Organization: <u>City of Webster</u> c. Email: <u>DNaugler@WebsterFL.com</u> d. Phone #: (352)793-2073
7. Contact for questions about specific technical or financial details about the project: a. Name: <u>Deanna Naugler</u> b. Organization: <u>City of Webster</u> c. Email: <u>DNaugler@WebsterFL.com</u> d. Phone #: (352)793-2073
8. Is there a registered lobbyist working to secure funding for this project? a. Name: Patrick Bell b. Firm: Capitol Solutions c. Email: PEBell@earthlink.net d. Phone #: (850)224-8282
 Organization or Name of entity receiving funds: a. Name: <u>City of Webster</u> b. County (County where funds are to be expended): <u>Sumter</u> c. Service Area (Counties being served by the service(s) provided with funding): <u>Sumter</u>
 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) O Local Government O University or College O Other (Please describe)

11. What is the specific purpose or goal that will be achieved by	u the funds	s being reque	sted
---	-------------	---------------	------

Convert grinder pump sewer system for low income section of the city to the more sanitary and cost-efficient gravity system enjoyed by the rest of the city utility users

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	Phase II: Engineering Costs-bidding and construction; Construction costs	1,500,000
TOTAL		1,500,000

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)
	●Local 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
et	c.)
	OOther (Please describe)

14. Is the project request an information technology project? $\frac{N/A}{}$

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 appropriations award for Phase I of this project and the approprations request to complete Phase II of this critical health and sanitation remediation project has beem discussed at public meetings for the last 4 years. The DEP is also aware of the health and sanitation problems associated with the grinder pump system in Webster and has encouraged the city to seek funding to remediate this issue

- 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	Eliminate sewer backup/overflow	Federal and state nutrient criteria measures
□Improve mental health		

□Enrich cultural experience		
□Improve agricultural production/promotion/education		
□Improve quality of education		
☑Enhance/preserve/improve environmental or fish and wildlife quality	Eliminate sewer backup/overflow	Fed and state nutrient criteria measures
☑Protect the general public from harm (environmental, criminal, etc.)	Eliminate sewer backup/overflow	Fed and state nutrient criteria measures
□Improve transportation conditions		
□Increase or improve economic activity		
□Increase tourism		
□Create specific immediate job opportunities		
□Enhance specific individual's economic self sufficiency		
□Reduce recidivism		
□Reduce substance abuse		
□Divert from Criminal/Juvenile justice system		
☑Improve wastewater management	Eliminate sewer backup/overflow	Fed and state nutrient criteria measures
□Improve stormwater management		
☑Improve groundwater quality	Eliminate sewer backup/overflow	Fed and State nutrient criteria measures
□Improve drinking water quality		
☑Improve surface water quality	Eliminate sewer backup/overflow	Fed and State nutrient criteria

		measures
☑Other (Please describe): Encourages responsible and sustainable growth and reduce financial burden and opportunity costs	55920.00 per annum	Annual cost average of labor and materials for repair and replacement (2013-16)

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	1,500,000	96.8%	N/A
Project Request:			
2. Federal:	0	0.0%	No
State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	50,000	3.2%	Yes
5. Other:	0	0.0%	No
TOTAL	1,550,000	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 v	vears	next 5	over the	2018-19 ov	enuested after 1	would be	state funding	How much	20a
--	-------	--------	----------	------------	------------------	----------	---------------	----------	-----

O<1M

⊙1-3M

O>3-10M

O>10M

20b. How many additional years of state support do you expect to need for this project?

O1 year

⊙2 years

	O3 years
	O4 years
	O>= 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 O<1M ①1-3M O>3-10M O>10M
21.	What is the revenue source of ongoing operating funds? Utility billing-self-sustaining
	Has local approval been given for ongoing operating funds? <u>Yes</u>
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) □d. N/A
	Has project been addressed in a local, regional, or state plan? <u>No</u>
	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 Ob. Rural Area of Critical Economic Concern Oc. Rural Community Experiencing Economic Distress Od. N/A

27.	What is the status of planning?
28.	What percentage of the planning process has been completed? 100%
29.	What is the estimated planning completion date? October 2019
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? Octoer 2017
33.	List all required permits. DEP collection system permit, DOT utility permit, Sumter County right of way permit
34.	What is the status of permitting? Oa. Planned Ob. Submitted Oc. Received
35.	What is the status of construction? ⊙a. Ready Ob. Not Ready
36.	What percentage of construction has been completed? 0%

37. What is the estimated completion date of construction? July 2018