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

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Hendry County Wastewater Infrastructure on US 27/SR 80

2. Date of Submission: 11/21/2017

3. House Member Sponsor: Byron Donalds

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? 2015-16
- 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:	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 for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
Column:	Α	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:					3,810,000	3,810,000

- 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.

## To follow

6. Requester:
a. Name: <u>Charles Chapman</u>
b. Organization: Hendry County Board of County Commissioners
c. Email: <u>cchapman@hendryfla.net</u>
d. Phone #: <u>(863)675-5220</u>
7. Contact for questions about specific technical or financial details about the project: a. Name: Charles Chapman
b. Organization: Hendry County Board of County Commissioners
c. Email: cchapman@hendryfla.net
d. Phone #: (863)675-5220
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8. Is there a registered lobbyist working to secure funding for this project?
a. Name: <u>Rob Shave</u>
b. Firm: <u>Gray Robinson</u>
c. Email: <a href="mailto:rob.shave@gray-robinson.com">rob.shave@gray-robinson.com</a>
d. Phone #: <u>(941)979-6005</u>
9. Organization or Name of entity receiving funds:
a. Name: Hendry County Board of County Commissioners
b. County (County where funds are to be expended): Hendry
c. Service Area (Counties being served by the service(s) provided with funding): Hendry
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)
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ABB # 4000

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

Funds will be spent on the construction and construction engineering services of a force main from Airglades International Airport to the City of Clewiston?s Wastewater Treatment Plant and the decommissioning of the Airglades International Airport?s Wastewater Treatment Plant. The expected benefits include environmental benefits due to the elimination of the wastewater plant at Airglades International Airport, increased water capacity at Airglades International Airport, and the ability of futur

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

Spending Category	Description	Nonrecurring (Should agual 4d, Cal. E) Enter 202 if
		(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	Construction and Construction Engineering Services	3,810,000
TOTAL		3,810,000

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?  Yes
15a. Please Describe: Exhibited by multiple discussions at the Hendry County Board of County Commissioners meetings and the Hendry County Economic Development Council meetings for the past 7 years
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:

FY 2015/2016 the planning design, and engineering was funded by the legislature.

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

<u>N/A</u>

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	Describe the method for measuring level
	or outcome	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		
□Protect the general public from harm (environmental, criminal, etc.)		
□Improve transportation conditions		
☑Increase or improve economic activity	Expanding Urban Service Boundary? Number of New Connections at Airglades International Airport	Expanding Urban Service Boundary? Number of New Connections at Airglades International Airport
□Increase tourism		
☑Create specific immediate job opportunities	Create specific and immediate construction job opportunities	Number of Employees Working on the Construction Project
□Enhance specific individual?s economic self sufficiency		
□Reduce recidivism		
□Reduce substance abuse		
□Divert from Criminal/Juvenile justice system		
☑Improve wastewater management	The elimination of the wastewater treatment plant at Airglades International Airport.	The decommissioning of the wastewater treatment plant at Airglades International Airport.

□Improve stormwater management		
☑Improve groundwater quality	Removal of the wastewater treatment plant and spray field at Airglades International Airport	The decommissioning of the wastewater treatment plant at Airglades International Airport
□Improve drinking water quality		
□Improve surface water quality		
□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:	3,810,000	100.0%	N/A
2. Federal:	0	0.0%	No
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	3,810,000	100%	

- 20. Is this a multi-year project requiring funding from the state for more than one year?  $\underline{No}$
- 21. What is the revenue source of ongoing operating funds? Connection fees and utility rates

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): both Hendry County and the City of Clewiston are in talks with DEP about alternative funding sources □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. County Schedule of Capital Improvements Ordinance #2016-19
25.	Is the project for a financially disadvantaged community? (as defined in Chapter 62-552, F.A.C.) $\underline{\text{Yes}}$
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  ○b. Not Ready
28.	What percentage of the planning process has been completed? 100%
29.	What is the estimated planning completion date? Design completed

30.	What is the status of design? Oa. Ready ⊙b. Not Ready
31.	What percentage of design has been completed? 60%
32.	What is the estimated design completion date? February 1, 2018
33.	List all required permits.  33. A. South Florida Water Management District Permit, B. Department of Environmental Protection Permit
34.	What is the status of permitting?  ⊙a. Planned  Ob. Submitted  Oc. Received
35.	What is the status of construction? Oa. Ready Ob. Not Ready
36.	What percentage of construction has been completed? 0%
37.	What is the estimated completion date of construction?  37. Unavailable to provide an estimate at this time due to lack of funding.