Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Treasure Island - Flood Management

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Kathleen Peters

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.) | | | 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: | | | | | 400,000 | 400,000 |

- 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.

Failure to meet deliverables or performance measures will result in non-reimbursement of appropriated funds.

| a. Name: Robert Minning b. Organization: City of Treasure Island c. Email: rminning@mytreasureisland.org d. Phone #: (727)547-4575 | |
|--|--|
| 7. Contact for questions about specific technical or financial details about the project: a. Name: <u>Amy Davis</u> b. Organization: <u>City of Treasure Island</u> c. Email: <u>adavis@mytreasureisland.org</u> d. Phone #: (727)547-4575 | |
| 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: <u>City of Treasure Island</u> b. County (County where funds are to be expended): <u>Pinellas</u> c. Service Area (Counties being served by the service(s) provided with funding): <u>Pinellas</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) | |
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| 11. What is the specific purpose or goal th | at will be achieved | bv the funds | being requested | ď |
|---|---------------------|--------------|-----------------|---|
|---|---------------------|--------------|-----------------|---|

The project purpose is to increase the City's resiliency from flooding by installing tidal backflow preventors at City stormwater outfalls. Refer to Attachment 1 for details.

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 | Construction services contractor | 400,000 |
| TOTAL | | 400,000 |

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>Yes</u>

15a. Please Describe:

The project was discussed at the October 17, 2017 Commission meeting and a supporting resolution is attached (Attachment 2).

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:

Backflow preventors are being installed throughout the state to combat "sunny day" tidal flooding. Numerous studies have been completed for other areas, which are applicable to the City of Treasure Island.

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 | City residents find it extremely | Decrease number of flooding |
| | stressful to watch their neighborhoods flood on sunny days. | occurrences |

| | As cars pass through these areas, waves are pushed up against their homes. | |
|---|---|---|
| □Enrich cultural experience | | |
| □Improve agricultural production/promotion/education | | |
| □Improve quality of education | | |
| ☑Enhance/preserve/improve environmental or fish and wildlife quality | By preventing seawater from backing up into City streets, the water will not pickup runoff nutrients and contaminants thus improving surface water quality. | Decrease number of flooding occurrences |
| ☑Protect the general public from harm (environmental, criminal, etc.) | Preventing the occurrence of sunny day tidal flooding of City roadways is a public safety improvement. | Decrease number of flooding occurrences |
| ☑Improve transportation conditions | Transportation conditions will be improved by preventing sunny day tidal flooding of City roadways. | Decrease number of flooding occurrences |
| ☑Increase or improve economic activity | Neighborhood and the City's downdown area will remain economically viable is flooding occurrences are reduced and are prevented from getting worse with time. | Decrease number of flooding occurrences |
| □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 | Reduction of saltwater inflow into the wastewater system | Reduced wastewater chloride concentrations |
| ☑Improve stormwater management | Stormwater management is improved by preventing saltwater backflow into City streets | Decrease number of flooding occurrences |
| □Improve groundwater quality | | |
| □Improve drinking water quality | | |
| ☑Improve surface water quality | By preventing seawater from backing up into City streets, the water will not pickup runoff nutrients and contaminants thus improving surface water quality. | Decrease number of flooding occurrences |
| ☑Other (Please describe): Improve flood resiliency | The City will be more resilient from floods with tidal backflow prevention valves. | Decreased number of flooding occurrences |

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: | 400,000 | 50.0% | N/A |
| 2. Federal: | 0 | 0.0% | No |

| 3. State: (Excluding the requested Total Amount in #4d, | 0 | 0.0% | No |
|---|---------|-------|----|
| Column F) | | | |
| | | | |
| 4. Local: | 400,000 | 50.0% | No |
| | | | |
| 5. Other: | 0 | 0.0% | No |
| | | | |
| TOTAL | 800,000 | 100% | |
| | | | |

| 20. | Is this a multi-year project requiring funding from the state for more than one yea | r? |
|-----|---|----|
| | No | |

21. What is the revenue source of ongoing operating funds? Stormwater user fees

22. Has local approval been given for ongoing operating funds?

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?

<u>No</u>

25. Is the project for a financially disadvantaged community? (as defined in Chapter 62-552, F.A.C.)

- 26. What is the population economic status?
 - Oa. Financially Disadvantaged Municipality
 - Ob. Rural Area of Critical Economic Concern
 - Oc. Rural Community Experiencing Economic Distress
 - ⊙d. N/A

| 27. | What is the status of planning? ⊙a. Ready ○b. Not Ready |
|-----|--|
| 28. | What percentage of the planning process has been completed? 30% |
| 29. | What is the estimated planning completion date? 12/31/2018 |
| 30. | What is the status of design? ⊙a. Ready ○b. Not Ready |
| 31. | What percentage of design has been completed? 10% |
| 32. | What is the estimated design completion date? 6/30/2019 |
| 33. | List all required permits. Local building permits; Southwest Florida Water Management District permit |
| 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? 6/30/2020