

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Boynton Beach - Alternative Reclaimed Water Supply Project

2. Date of Submission: 11/13/2017

3. House Member Sponsor: Emily Slosberg

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:	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:					250,000	250,000

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.

The City will forfeit the funds and repay the State

6. Requester:

- a. Name: Joe Paterniti, P.E.
- b. Organization: City of Boynton Beach
- c. Email: Paternitij@bbfl.us
- d. Phone #: (561)742-6423

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

- a. Name: Joe Paterniti, P.E.
- b. Organization: City of Boynton Beach
- c. Email: Paternitij@bbfl.us
- d. Phone #: (561)742-6423

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

- a. Name: Mat Forest
- b. Firm: Ballard Partners
- c. Email: Mat@ballardfl.com
- d. Phone #: (561)253-3232

9. Organization or Name of entity receiving funds:

- a. Name: City of Boynton Beach Utilities
- 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)

- ☐ 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?

To develop and evaluate a project that will allow indirect withdrawals and treatment of canal water released from the Everglades Water Conservation Areas (WCAs) to provide additional reclaimed water during the peak irrigation demand while reducing the amount of canal water and nutrients sent to tide and reduce the potential for coastal algae blooms.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	No	0
<input checked="" type="checkbox"/> b. Other Salary and Benefits	No	0
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	No	0
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	No	0
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	No	0
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	No	0
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	No	0
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Construction of water supply well adjacent to drainage/water quality canal, site work, water processing equipment and pumps.	250,000
TOTAL		250,000

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?

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 S. Florida Water Management District (SFWMD) encourages the use of reclaimed wastewater for Irrigation to reduce the demand for potable drinking water. This approach has been well documented through SFWMD Lower East Coast Water Supply Plan

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
<input type="checkbox"/> Improve physical health		

<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Proved an example of the use of innovative technology to make better use of our natural resources	Provide tours of facility to explain how the system work and the benefits it provides
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Allow indirect withdrawals of canal water released from Everglades Water Conservation Areas (WCAs) to provide additional reclaimed water during the peak demand while reducing the amount of water and nutrients sent to tide and reduce the potential for coastal algae blooms.	Monitor the quantity and quality of water processed through the proposed system.
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Reduces the demand for drinking water supply for irrigation	Reduces the per capita demand for treated water
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<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 checked="" type="checkbox"/> Improve wastewater management	Supplement reclaimed water usage to areas where needed, reducing the pumping costs to pump reclaimed water from the treatment facility located at the southern extent of our service area.	Monitor the quantity and quality of water processed through the proposed system. Determine pumping energy saved (per 1000 gallons) by reduced pumping length.
<input checked="" type="checkbox"/> Improve stormwater management	Project reduces the amount of storm water runoff from the everglades lost to tides.	Utilizing a water flow meter, monitor the quantity of water processed through the proposed system. Recycling stormwater (from Canal) to utilize as beneficial irrigation.
<input checked="" type="checkbox"/> Improve groundwater quality	Reduce the amount of surface water lost to tide by utilizing water produced by this project for irrigation.	Measure quantity of water processed through system and distributed (irrigated) over a large land (groundwater recharge) area
<input checked="" type="checkbox"/> Improve drinking water quality	Reduce the demand for potable water by utilizing the proposed non-potable water source.	Utilizing a water flow meter, monitor the quantity of water processed through the proposed system. Recycling stormwater (from Canal) to utilize as beneficial irrigation reducing the demand for drinking water for irrigation
<input checked="" type="checkbox"/> Improve surface water quality	Reduces the amount of water discharged from the everglades from reaching the coastal Lake Worth Lagoon and redirecting to beneficial reuse for irrigation.	Measure the amount of water taken (indirectly) from the canal directly reducing the amount of water sent to the lagoon.
<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
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			funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	250,000	100.0%	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:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	250,000	100%	

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

No

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

Reclaimed water fees

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?

Yes

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

The City of Boynton Beach (in Palm Beach County) is part of SFWMD Lower East Coast Water Supply Planning Area. This planned alternate water supply project meets the statutory considerations for a Pilot Program project under Section 373.037:

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

No

26. What is the population economic status?

- ☐ a. Financially Disadvantaged Municipality
- ☐ b. Rural Area of Critical Economic Concern
- ☐ c. 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?

04/27/2018

30. What is the status of design?

- ☐ a. Ready
- ☒ b. Not Ready

31. What percentage of design has been completed?

5%

32. What is the estimated design completion date?

06/29/2018

33. List all required permits.

\* S. Florida Water Management District Environmental Resources Permit (ERP) \*FDEP/Palm Beach County Health Department Utility Extension Permit \*Lake Worth Drainage District Permit



34. What is the status of permitting?

- ☒ a. Planned
- ☐ b. Submitted
- ☐ c. Received

35. What is the status of construction?

- ☐ a. Ready
- ☒ b. Not Ready

36. What percentage of construction has been completed?

0%

37. What is the estimated completion date of construction?

12/14/2018