

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Port of Fernandina - Multipurpose Dock Crane and Warehouse

2. Date of Submission: 11/09/2017

3. House Member Sponsor: Cord Byrd

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? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- 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:		3,000,000	3,000,000		5,000,000	5,000,000

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 Transportation

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.

N/A

6. Requester:

- a. Name: Adam Salzburg
- b. Organization: Ocean Highway and Port Authority
- c. Email: asalzburg@portoffernandina.org
- d. Phone #: (904)753-1781

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

- a. Name: Adam Salzburg
- b. Organization: Ocean Highway and Port Authority
- c. Email: asalzburg@portoffernandina.org
- d. Phone #: (904)753-1781

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

- a. Name: Matt Brockelman
- b. Firm: Southern Strategy Group
- c. Email: brockelman@sostrategy.com
- d. Phone #: (904)425-8765

9. Organization or Name of entity receiving funds:

- a. Name: Port of Fernandina- OHPA
- b. County (County where funds are to be expended): Nassau
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide, Nassau

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) Port of Fernandina- Ocean Highway and Port Authority

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

Addition of a new multi-purpose dock crane and a new 50,000 sqft covered steel frame warehouse. The new dock crane ties the entire terminal infrastructure together allowing for faster loading/unloading and vessel turns, and more efficient utilization of the facility. The facilities current 200,000 sq ft warehouse capacity is 100% utilized. The terminal needs immediate relief for its existing warehouse customer base as well as take on other opportunities that require 50,000 sq ft of warehouse.

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 type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	A new dock mounted multipurpose crane would be purchased/installed (\$3,500,000) as well as constructing a new 50,000 sqft steel framed covered warehouse for import/export	5,000,000

	customers (\$1,500,000).	
TOTAL		5,000,000

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): Port of Fernandina OHPA - Ocean Highway & Port Authority

14. Is the project request an information technology project?

No

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?

No

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?

No

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 type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input checked="" type="checkbox"/> Improve transportation conditions	Reduction of truck traffic along A1A corridor if used to store KLB from nearby paper mills.	Historical as well as computing gross tonnage loaded to vessel vs moving by truck.
<input checked="" type="checkbox"/> Increase or improve economic activity	Local paper and pulp mills will be more efficient and competitive with an updated local port and reducing inland costs. For every \$1 spend by the State of Florida on Port infrastructure there is \$6.90 direct/indirect benefits for the State and local governments in the form of revenues as well as sales, property, and business income taxes.	State Wage Studies as well as operational requirements to man the new warehouse and crane.
<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 type="checkbox"/> Improve wastewater management		

<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<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 funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	5,000,000	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	5,000,000	100%	

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

No