

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Monroe County Mobile Vessel Pumpout Service

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Holly Raschein

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- 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
- What is the most recent fiscal year the project was funded? 2017-18
- Were the funds provided in the most recent fiscal year subsequently vetoed? No
- 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:		500,000	500,000		500,000	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? 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.

Funds will not be dispersed unless deliverables are met and vessels serviced.

6. Requester:

- a. Name: George Neugent
- b. Organization: Mayor, Monroe County Board of County Commissioners
- c. Email: neugent-george@monroecounty-fl.gov
- d. Phone #: (305)292-4512

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

- a. Name: Rich Jones
- b. Organization: Monroe County
- c. Email: jones-rich@monroecounty-fl.gov
- d. Phone #: (305)292-4512

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

- a. Name: Robert Reyes
- b. Firm: Capitol Group, Inc.
- c. Email: rreyes@capitolgrp.cm
- d. Phone #: (850)509-1802

9. Organization or Name of entity receiving funds:

- a. Name: Monroe County Board of County Commissioners
- b. County (County where funds are to be expended): Monroe
- c. Service Area (Counties being served by the service(s) provided with funding): Monroe

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?

This program provides pump-out service to anchored-out vessels at marinas that currently do not have pump-out facilities, to help ensure that liveaboards and other vessel occupants are properly disposing of waste rather than discharging waste into the water column. This service helps promote the protection of the fragile marine resources of the Florida Keys and is consistent with the objectives of the No Discharge Zone established by the Environmental Protection Agency.

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 checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Service contractor provides vessels and equipment.	500,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		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)

N/A

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?

Yes

15a. Please Describe:

Monroe County BOCC passed an ordinance in 2012 which required multiple public hearings and public participation, to create the Keys-wide Mobile Vessel Pumpout Program. The program was authorized by the Florida Wildlife Commission Pilot Anchoring and Mooring Program. Letters of support are also available from City of Marathon, Mote Marine Laboratory, and the Florida keys National Marine Sanctuary, County Mayor, and others.

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?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Pump-out service will be made available to anchored-out vessels at marinas that currently do not have pump-out facilities.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Pump-out service will be made available to anchored-out vessels at marinas that currently do not have pump-out facilities.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

☐ Elderly persons

☐ Persons with poor mental health

☐ Persons with poor physical health

☐ Jobless persons

- ☐ Economically disadvantaged persons
- ☐ At-risk youth
- ☐ Homeless
- ☐ Developmentally disabled
- ☐ Physically disabled
- ☐ Drug users (in health services)
- ☐ Preschool students
- ☐ Grade school students
- ☐ High school students
- ☐ University/college students
- ☐ Currently or formerly incarcerated persons
- ☐ Drug offenders (in criminal Justice)
- ☐ Victims of crime
- ☐ General (The majority of the funds will benefit no specific group)
- ☒ Other (Please describe): Over 800 vessel liveaboards and other vessel occupants annually.

17d. How many in the target population are expected to be served?

- ☐ < 25
- ☐ 25-50
- ☐ 51-100
- ☐ 101-200
- ☐ 201-400
- ☐ 401-800
- ☒ >800

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 checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Improves water quality in the Florida Keys National Marine Sanctuary and Florida Bay.	Continued water quality monitoring.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Cleaner nearshore waters are safer for swimmers and divers.	Number of gallons of sewage disposed of properly.
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input checked="" type="checkbox"/> Increase tourism	Cleaner nearshore waters and a healthier coral reef attract additional visitors.	Number of visitors annually.
<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	Pumpout program decreases sewage discharges into the water.	Number of pump outs.
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Pumpout program decreases sewage discharges into the water.	Number of pump outs and gallons of sewage removed annually.

<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:	500,000	68.5%	N/A
2. Federal:	172,350	23.6%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	57,450	7.9%	No
5. Other:	0	0.0%	No
TOTAL	729,800	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 years?

- ☒ <1M
☐ 1-3M
☐ >3-10M
☐ >10M

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

- ☐ 1 year
☐ 2 years
☐ 3 years
☐ 4 years
☒ >= 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

☐ <1M

☐ 1-3M

☐ >3-10M

☐ >10M