

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Freeport Wastewater Treatment Plant Expansion

2. Date of Submission: 11/13/2017

3. House Member Sponsor: Brad Drake

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: | | | | | 1,325,500 | 1,325,500 |

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.

This is not applicable for survey, design and permitting activities.

6. Requester:

- a. Name: Russ Barley
- b. Organization: City of Freeport
- c. Email: rbarley@freeportflorida.gov
- d. Phone #: (850)835-2822

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

- a. Name: William Menadier
- b. Organization: Dewberry Engineers Inc.
- c. Email: wmenadier@dewberry.com
- d. Phone #: (850)571-1254

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: City of Freeport
- b. County (County where funds are to be expended): Walton
- c. Service Area (Counties being served by the service(s) provided with funding): Walton

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?

The City of Freeport is experiencing rapid growth and the existing WWTP is reaching the end of its useful life. It is projected that the existing plant will be operating over capacity before 2021. The funds will be used to upgrade and expand the existing plant from 0.6 million gallons per day (MGD) to 1.5 MGD and be expandable to 2.0 MGD. This will allow the plant to operate beyond 2040. Also, this will address permit compliance issues the existing plant is experiencing due to its age.

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 | Funds will be spent to upgrade and expand components of the existing wastewater treatment plant (WWTP). This request includes the survey, design and permitting portion of the | 1,325,500 |

| | | |
|-------|----------|-----------|
| | project. | |
| TOTAL | | 1,325,500 |

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:

his project has been discussed at every City of Freeport council meeting for at least the past two (2) years. Meetings have been held with the City and the Florida Department of Environmental Protection (FDEP) to coordinate bringing the existing plant into compliance with permit limitations.

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:

A Preliminary Engineering Report (PER) has been completed to document the immediate need for the implementation of this project.

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 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 type="checkbox"/> Improve transportation conditions | | |
| <input checked="" type="checkbox"/> Increase or improve economic activity | New commercial and residential development, new mixed use developments and new industry created due to additional capacity being provided and the ability for the City of expand its services beyond what is existing. | Success could be measured by population, commercial and industrial growth, as well as increased revenue for the City. |
| <input checked="" type="checkbox"/> Increase tourism | End destination for travelers. | Success would be measured by an increase in services, such as food, lodging and retail facilities, as well as recreational businesses. |
| <input checked="" type="checkbox"/> Create specific immediate job opportunities | Once design and permitting is complete, construction can | The project would require utility crews, and various construction |

| | | |
|--|--|---|
| | commence. The construction project would provide immediate job opportunities for the entire area. | crews to complete the project. |
| <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 | Upgrades to aging infrastructure. Expansion for additional capacity. Aging components at the existing WWTP do not allow for quality wastewater effluent which could cause degraded drinking and surface water quality if the issue is not addressed. Also, if additional capacity is not provided, the City will not be able to keep up with the rapid growth that its currently experiencing. | Success would be measured by water quality analyses to determine the concentration of nitrates within the groundwater, and concentrations of fecal coliform within surface waters. Also, success would be measured by additional users. |
| <input type="checkbox"/> Improve stormwater management | | |
| <input checked="" type="checkbox"/> Improve groundwater quality | Upgrades to aging infrastructure. Aging components at the existing WWTP do not allow for quality wastewater effluent which could cause degraded groundwater. | Success would be measured by water quality analyses to determine the concentration of nitrates within the groundwater. |
| <input checked="" type="checkbox"/> Improve drinking water quality | Upgrades to aging infrastructure. Aging components at the existing WWTP do not allow for quality wastewater effluent which could cause degraded groundwater. | Success would be measured by water quality analyses to determine the concentration of nitrates within the groundwater. |

| | | |
|---|--|--|
| | Groundwater is the #1 source for drinking water in Florida. | |
| <input checked="" type="checkbox"/> Improve surface water quality | Upgrades to aging infrastructure. Aging components at the existing WWTP do not allow for quality wastewater effluent which could cause degraded surface water quality. | Success would be measured by water quality analyses to determine the concentrations of fecal coliform within surface waters. |
| <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: | 1,325,500 | 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 | 1,325,500 | 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

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

Monthly customer usage 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): USDA Rural Dev Rural Utilities - planning documents completed and expected application date 12/2017

☐ e. N/A

24. Has project been addressed in a local, regional, or state plan?

No

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

Yes

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?
- 100%
29. What is the estimated planning completion date?
- 11/13/2017
30. What is the status of design?
- ☐ a. Ready
 - ☒ b. Not Ready
31. What percentage of design has been completed?
- 0%
32. What is the estimated design completion date?
- 11/13/2018
33. List all required permits.
- FDEP
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?

11/13/2020