

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Panama City Lift Station Replacement at Bay Medical Center
2. Date of Submission: 11/15/2019
3. House Member Sponsor: Jay Trumbull
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 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					2,000,000	2,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? 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.

Loss of funding

6. Requester:

- a. Name: Mark McQueen
- b. Organization: City of Panama City
- c. Email: mmcqueen@pcgov.org
- d. Phone #: (850)872-3000

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

- a. Name: Mark McQueen
- b. Organization: City of Panama City
- c. Email: mmcqueen@pcgov.org
- d. Phone #: (850)872-3000

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

- a. Name: Rachel Cone
- b. Firm: The Southern Group
- c. Email: cone@thesoutherngroup.com
- d. Phone #: (850)617-4401

9. Organization or Name of entity receiving funds:

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

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 lift station collects and pumps the sanitary sewer flow from one of the largest health care facilities in all West Florida. This funding will ensure the continual growth of the Bay Medical Facility by providing a new facility, designed to meet the needs of the Health Care Facility for four decades of use.

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 checked="" type="checkbox"/> b. Other Salary and Benefits	Administrative oversight of project	10,000
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Operational oversight and management of the project	10,000
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Contracted operational services for the project	20,000
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Construction activities related to new lift station	1,960,000
TOTAL		2,000,000

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)

14. Is the project request an information technology project?

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?

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 checked="" type="checkbox"/> Improve physical health	Supports the operations and resilience of a critical medical center that services more than the 150,000 Bay County residents and surrounding counties	Applied based on lowest estimate of population in Bay County affected by a potential incident
<input checked="" type="checkbox"/> Improve mental health	Supports the operations and resilience of a critical medical center that services more than the 150,000	Applied based on lowest estimate of population in Bay County affected by

	Bay County residents and surrounding counties	a potential incident
<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 checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Supports the operations and resilience of a critical medical center that services more than the 150,000 Bay County residents and surrounding counties	Applied based on lowest estimate of population in Bay County affected by a potential incident
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<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	Supports the operations and resilience of a critical medical center that services more than the 150,000 Bay County residents and surrounding counties and improves	Applied based on lowest estimate of population in Bay County affected by a potential incident

	wastewater system effectiveness	
<input type="checkbox"/> Improve stormwater management		
<input checked="" type="checkbox"/> Improve groundwater quality	Supports the operations and resilience of a critical medical center that services more than the 150,000 Bay County residents and surrounding counties and improves wastewater system effectiveness	Applied based on lowest estimate of population in Bay County affected by a potential incident
<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 2020-21 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:	2,000,000	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	2,000,000	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?

Capital Improvement Plan and Half-cent Surtax

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.

City of Panama City Recovery Action Plan (page 54, I.2.3), City of Panama City Redevelopment Plan (page 73, I.2.6)

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?

0

29. What is the estimated planning completion date?
03/01/2020
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?
06/30/2020
33. List all required permits.
Florida DEP collection and transmission system permit, Public facilities 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?
05/31/2021