

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Homosassa River Restoration
2. Date of Submission: 10/16/2019
3. House Member Sponsor: Ralph Massullo
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 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.

Funding withheld until deliverables are met.

6. Requester:

- a. Name: Steve Minguy
- b. Organization: Homosassa River Restoration Project
- c. Email: sminguy@aol.com
- d. Phone #: (407)832-1598

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

- a. Name: Steve Minguy
- b. Organization: Homosassa River Restoration Project
- c. Email: sminguy@aol.com
- d. Phone #: (407)832-1598

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: Homosassa River Restoration Project, Inc
- b. County (County where funds are to be expended): Citrus
- c. Service Area (Counties being served by the service(s) provided with funding): Citrus

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?

Homosassa River is a first magnitude spring and designated an Outstanding Florida Waterway which has been identified as a priority waterbody by SWIM. It has been listed as impaired for nutrients and filamentous algae by FDEP and USEPA. The goal is to restore water quality by vacuum removal of filamentous algae (Lyngbya) and benthic detrial matter and planting of desirable submerged aquatic vegetation.

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 checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Project Administration/Accounting/Public Information to be administered by our organization, HRRP. Project Administration included oversight of the project as it relates to the DEP contract requirements. Public Information included, but is not limited to, supplying and directing information about the project to the media, local government officials, and other state agencies, citizens, other.	150,000
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	Contractor providing vacuum removal services, planting SAV, cages, monitoring, and maintenance. This also includes any land lease costs, mobilization and demobilization performed by same contractor.	1,850,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
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?

Yes

15a. Please Describe:

Numerous community support, including letters from Citrus County Chamber of Commerce, Citrus County BOCC Commissioners, Citrus County Tourist Development Council, Citrus County Chronicle, Homosassa River Alliance, Homosassa Civic Club

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:

(1) 2015-201- Springs Management Plan, SWFWMD, lists quantifiable objectives for restoration: water quality reduce nitrogen/nutrients; Natural System's: minimize benthic algal coverage and maximize cover of beneficial SAV.

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 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	Quantitative measures of improvements in water quality and natural systems that will be realized by this project are identified in SWIM Plan pg. 2. Habitat restoration and water quality improvements will improve fish and wildlife habitat including habitat of listed species including the manatee.	Water Clarity > 20 feet river wide and <60 feet at springs. Coverage of Desirable SAV (75%-90%) Coverage of Invasive aq vegetation, including filamentous algae <10%
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Environmental harm is currently represented in the form of overabundant filamentous algae and	Removal of filamentous algae (toxic) benthic algae mats is a nutrient

	their blooms, decaying benthic detrital matter and high nitrogen/nutrients in the river which can lead to health concerns such as skin rashes and respiratory problems.	(nitrogen source or sink)
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Tourism industry is one of the largest economic drivers in the region. Loss of Water Quality (clarity) associated with the current conditions and degrading habitat conditions could potentially cause a collapse of this economy. Improvements proposed by this project will help to improve and maintain condition's for which residents and local, regional, national, and international tourists expect.	Water Clarity > 20 feet in river and > 60 feet at the springs. Coverage of Desirable SAV (75%-90%) Coverage of Invasive aquatic vegetation including filamentous algae <10%
<input checked="" type="checkbox"/> Increase tourism	Tourism industry is one of the largest economic drivers in the region. Loss of Water Quality (clarity) associated with the current conditions and degrading habitat conditions could potentially cause a collapse of this economy. Improvements proposed by this project will help to improve and maintain condition's for which residents and local, regional, national, and international tourists expect.	Water Clarity > 20 feet in river and > 60 feet at the springs. Coverage of Desirable SAV (75%-90%) Coverage of Invasive aquatic vegetation including filamentous algae <10%
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Project is expected to create some local short term jobs and advantages	Results are estimated by number of laborers x \$per diem x estimated

	for the local economy as workers will require work supplies, lodging, food, entertainment, etc.	number of work days. Any construction project will require materials, supplies, and fuel throughout the project period which will directly effect the local community.
<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 checked="" type="checkbox"/> Improve surface water quality	Project is expected to improve the surface water quality within the project area and contribute to overall improvements over the length of the entire river and estuary system.	Water Clarity > 20 feet in river and > 60 feet at the springs. Coverage of Desirable SAV (75%-90%) Coverage of Invasive aquatic vegetation including filamentous algae <10%
<input checked="" type="checkbox"/> Other (Please describe): see attached	The improved water quality and clarity, along with the increase numbers of native plants and animals that will return to the Homosassa River benefits all local and state citizens, visitors from around the world, the Manatee Excursion operators and their 100,000 plus tourists that visit the area each year	n/a

	and use the waterways for swimming, fishing, canoeing, kayaking, and other water related activities.	
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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?

Yes

20a. How much state funding would be requested after 2020-21 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?

HRRP is in the process of securing the support from TDC and Citrus County BOCC

22. Has local approval been given for ongoing operating funds?

No

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.

1) 2015-2019 Springs Management Plan. SWFWMD (pgs 3,4,21,22,27,29,35) (2) Homosassa River SWIM Plan, Final Draft. February 2017
SWFWMD (pgs 29-47)

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?

100%

29. What is the estimated planning completion date?

Completed

30. What is the status of design?

- a. Ready
- b. Not Ready

31. What percentage of design has been completed?

100%

32. What is the estimated design completion date?

Completed

33. List all required permits.

FDEP Exemption and USACOE 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?

2024