

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Duval County-Septic Tank Phase Out Program
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Tracie Davis  
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<br>for FY 2017-18<br><i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i> |                               |   | Develop New Funds Request<br>for FY 2018-19<br><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<br><br><i>(Recurring plus Nonrecurring: column A + column B)</i> | Recurring Base Budget<br><br><i>(Will equal non-vetoed amounts provided in Column A)</i>                        | <b>Additional Nonrecurring Request</b> | <b>TOTAL Nonrecurring plus Recurring Base Funds</b><br><br><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 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.

The City has an obligation to fulfill the contract requirements, if the City breaches the terms of the contract it should be canceled.

6. Requester:

- a. Name: Ali Korman-Shelton
- b. Organization: City of Jacksonville
- c. Email: akshelton@coj.net
- d. Phone #: (904)718-4276

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

- a. Name: Ali Korman-Shelton
- b. Organization: City of Jacksonville
- c. Email: akshelton@coj.net
- d. Phone #: (904)718-4276

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

- a. Name: Mat Forrest
- b. Firm: Ballard Partners
- c. Email: mat@ballardfl.com
- d. Phone #: (561)779-7003

9. Organization or Name of entity receiving funds:

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

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?

Elimination of on-site treatment and disposal systems for the city's most at risk neighborhoods to promote the environment and the health, safety and general welfare of the city's residents and visitors alike.

12. Provide specific details on how funds will be spent. (Select all that apply)

| Spending Category  | Description            | Nonrecurring<br>(Should equal 4d, Col. E) Enter ?0? if<br>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 | Engineering and design | 2,000,000  |
| <b>TOTAL</b>   |                        | <b>2,000,000</b>   |

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:

Letters of support from: JEA, Jax Chamber, and the Environmental Protection Board

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:

The neighborhoods identified for this program have been classified as septic tank failure areas by the Duval County Health Department. Additionally, a water and wastewater review by the City and JEA produced a report on a comprehensive review of an approach and project ranking criteria for directing funding to neighborhoods based on environmental and community considerations.

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 checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality  | Reduction/removal of fecal coliform and Total Nitrogen from tributaries and SJR | The city's tributaries and SJR main stem are sampled annually to gauge progress on nutrient reductions required in the LSJR BMAP; the performance of the improvements will be confirmed by the water quality improvements shown in the samples. |
| <input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.) | Removal of failing septic tanks   | The Duval County Health Department tracks areas with repeated septic tank failures; installation of sanitary sewer would result in neighborhoods being removed from the septic tank failure list.   |
| <input checked="" type="checkbox"/> Improve transportation conditions                                    | Roads will be completely rebuilt.   | Neighborhood roads within project boundaries will have to be rebuilt following the installation of potable water and sewer lines.   |
| <input checked="" type="checkbox"/> Increase or improve economic activity                                | Creation of businesses  | The lack of potable water and sanitary sewer is a deterrent to businesses; having these facilities will lead to increased commercial interest in the target areas   |
| <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     | Removal or proper abandonment of failing septic tanks | Number of septic tanks will be removed or properly abandoned and sewer connections made. |
| <input type="checkbox"/> Improve stormwater management                |   |  |
| <input checked="" type="checkbox"/> Improve groundwater quality       | Removal or proper abandonment of failing septic tanks | Number of failing septic tanks removed or properly abandoned.                            |
| <input checked="" type="checkbox"/> Improve drinking water quality    | Installation of new potable water lines               | Number of potable water connections made.  |
| <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: | 2,000,000  | 6.3%             | 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:  | 30,000,000 | 93.8%            | Yes   |
| 5. Other:  | 0          | 0.0%             | No  |

|       |            |      |  |
|-------|------------|------|--|
| TOTAL | 32,000,000 | 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 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?

JEA's Water and wastewater operations and maintenance annual budget

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.

? 2017-2021 City of Jacksonville Capital Improvement Plan, ? The LSJR Basin Management Action Plans for Main Stem and Tributaries

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?

12/01/2022

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?  
12/01/2022
33. List all required permits.  
? Local Utility Connection Permit (JEA)
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?  
12/01/2022