

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Oldsmar Harbor Palms Infrastructure Improvement Project
2. Date of Submission: 10/23/2017
3. House Member Sponsor: James Grant  
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 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					3,195,000	3,195,000

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.

Should the City of Oldsmar fail to meet improvement project deadlines it shall accept an abatement of the allocated amount of state funds provided for the project until such time as a plan is presented to complete the project in a timely manner.

6. Requester:

- a. Name: Al Braithwaite
- b. Organization: City of Oldsmar - City Manager
- c. Email: abraithwaite@myoldsmar.com
- d. Phone #: (813)749-1100

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

- a. Name: Nan Bennett
- b. Organization: City of Oldsmar
- c. Email: nbennett@myoldsmar.com
- d. Phone #: (813)749-1136

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

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?

Sanitary and stormwater sewer system malfunction due to age and condition is creating excessive wear on roadways and sidewalks due to major distress from subsurface water damage, such as; leaking water mains and service lines, an inadequate number of storm inlets, inadequate stormwater runoff, lack of subsurface drainage systems. It is expected that stormwater improvements will reduce inflow/infiltration into the sanitary sewer system.

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	The funds requested will be spent entirely on construction costs related to Harbor Palms stormwater system improvement.	3,195,000
<b>TOTAL</b>		<b>3,195,000</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:

Residents of the City of Oldsmar have attended public hearings, town halls, and city council meetings and voiced concern about nuisance flooding in the Harbor Palms community, and local elected officials have expressed a desire in those same meetings to address the problem.

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:

Inspected by Layne Inliner, LLC and the design engineer Jones Edmunds and Associates. PRMG rate study.

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	Describe the method for measuring level
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	or outcome	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	Improved environmental conditions in Upper Tampa Bay for fish and wildlife.	Measured decrease in storm water runoff and pollution levels in Upper Tampa Bay.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Stormwater improvements will reduce inflow-infiltration into the sanitary sewer system.	Measured by the City's distribution and collections system.
<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	Reduce inflow and infiltration into the sanitary sewer system, resulting in an abatement of sewer overflows.	Flow measurement at the Water Reclamation Facility and reduced sanitary sewer overflows.

<input checked="" type="checkbox"/> Improve stormwater management	Improved drainage.	Reduced flooding events during storms.
<input type="checkbox"/> Improve groundwater quality		
<input checked="" type="checkbox"/> Improve drinking water quality	Protect potable water system from infiltration of sewer water.	Annual tests of city drinking water supply for contaminants.
<input checked="" type="checkbox"/> Improve surface water quality	Addition of curb inlets and infrastructure to reduce nuisance flooding in the Harbor Palms community.	Reduced flooding events during wet weather.
<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:	3,195,000	53.8%	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:	2,740,000	46.2%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>5,935,000</b>	<b>100%</b>	

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?

City wastewater and stormwater assessments.

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.

Wastewater-Stormwater Technical Working Group Initial Action Plan, January 13, 2017, pages 1-7

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?

50%

29. What is the estimated planning completion date?

09/30/2018

30. What is the status of design?

- a. Ready
- b. Not Ready

31. What percentage of design has been completed?

30%

32. What is the estimated design completion date?

09/30/18

33. List all required permits.

FDEP Water Transmission/Distribution & Wastewater Collection/Transmission System Construction permits

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?

9/30/20