

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Lake County South Lake Regional Park Central Wastewater, Potable and Reclaim
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Larry Metz
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>	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:					2,500,000	2,500,000

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 contracting agency may consider liquidated damages for falling to meet deliverables or performance measures.

6. Requester:

- a. Name: Timothy Sullilvan
- b. Organization: Lake County Board of County Commissioners
- c. Email: tsullivan@lakecountyfl.gov
- d. Phone #: (352)343-9841

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

- a. Name: Bobby Bonilla
- b. Organization: Lake County Board of County Commissioners
- c. Email: rbonilla@lakecountyfl.gov
- d. Phone #: (352)253-4950

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

- a. Name: Chris Carmody
- b. Firm: Gray/Robinson
- c. Email: chris.carmody@gray-robinson.com
- d. Phone #: (407)843-8880

9. Organization or Name of entity receiving funds:

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

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?

To provide a permanent solution to the parks, sanitary, potable water and reclaim water facilities and provide improved protection of water quantity and quality in the Green Swamp Area of Critical State Concern.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Director, Program Manager, Engineer II	30,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Procurement Officer, Construction Inspector I & II	20,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Vehicles, Fuel, Copier, Printer, Computer, Phone	10,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Design and engineering, construction bid documents	90,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Inspections, supervision, reporting	40,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Vehicles, Fuel, Copier, Printer, Computer, Phone	10,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Material, Equipment, Site Inspection, Project close-out	200,000
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Construction	2,100,000

TOTAL		2,500,000
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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:

Press releases, letters of support, major organizational backing, Parks, Recreation and Trails Advisory Board and Lake County Board of County Commissioners meetings

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:

Lake County Parks and Recreation Master Plan and Lake County Trails Master Plan

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 checked="" type="checkbox"/> Improve physical health	Increase in exercising	Event schedules, Sports league and organization practices and games Active/Passive recreation count data/analysis
<input checked="" type="checkbox"/> Improve mental health	Increase in exercising and team sport participation by encouraging teamwork and the development of more social skills.	Event schedules, Sports league and organization practices and games Active/Passive recreation count data/analysis
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Team Building and learning to work well with others	Increase usage of facility
<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	Sports Tourism	Local Restaurant, hotel, retail and other useful monthly / annual economic impact reporting for sales and hotel stays
<input checked="" type="checkbox"/> Increase tourism	Sports Tourism	Local Restaurant, hotel, retail and other useful monthly / annual economic impact reporting for sales and hotel stays
<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	Protect Water Quality within the Green Swamp Area of Critical State Concern	Removal of microbiological contaminants from wastewater and monitored through sensors
<input type="checkbox"/> Improve stormwater management		
<input checked="" type="checkbox"/> Improve groundwater quality	Protect Water Quality within the Green Swamp Area of Critical State Concern	Removal of microbiological contaminants from wastewater and monitored through sensors
<input checked="" type="checkbox"/> Improve drinking water quality	Protect Water Quality within the Green Swamp Area of Critical State Concern	Removal of microbiological contaminants from wastewater and monitored through sensors
<input checked="" type="checkbox"/> Improve surface water quality	Protect Water Quality within the Green Swamp Area of Critical State Concern	Removal of microbiological contaminants from wastewater and monitored through sensors
<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:	2,500,000	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	2,500,000	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?

Municipal Services Taxing Unit (MTSU) and General Fund

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.

Lake County Parks and Recreation Master Plan; Pages 3, 45, 46, 57. Lake County Trails Master Plan; Pages 7-19, 7-20, 7-38, 7-41; 7-43

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?

12/31/2016

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?

06/01/2018

33. List all required permits.

Florida Department of Environmental Protection - Notification of Acceptance of Use of a General Permit; Water Main/Wastewater Collection/Transmission System, St. John's River Water Management District and Florida Fish and Wildlife Conservation Commission.

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?

12/31/2019