

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: St. Augustine Utility Retrofits at the School for the Deaf and Blind and Adjacent Areas

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Cyndi Stevenson

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- 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
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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	Column: B	Column: C	Column: D	Column: E	Column: 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:					800,000	800,000

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.

Return of state funds.

6. Requester:

- a. Name: John Regan
- b. Organization: City of St. Augustine
- c. Email: jregan@citystaug.com
- d. Phone #: (904)825-1006

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

- a. Name: Martha Graham
- b. Organization: City of St. Augustine
- c. Email: mgraham@citystaug.com
- d. Phone #: (904)825-1040

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

- a. Name: Lena Juarez
- b. Firm: JEJ & Associates, Anfield Consulting
- c. Email: lena@jejassoc.com
- d. Phone #: (850)212-8330

9. Organization or Name of entity receiving funds:

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

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?

Reduce damages and delays due to tidal surge and flooding and sewer overflows at the Florida School for the Deaf & Blind (FSDB). Underground utilities (both storm water and sewer collection systems) were over-capacity and pumping systems could not keep pace as the tide receded preventing the school from re-opening (approximately one week delay after both Matthew and Irma).

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	Construction costs for sewer lining, manhole rehabilitation, elevating pump station controls, stormwater backflow prevention and retrofits.	800,000
TOTAL		800,000

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?

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:

City of St. Augustine, City Commission vote of support, during regular commission meeting held on August 28, 2017 and same for prior year on January 23, 2017.

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:

FDEP has completed a study of sanitary sewer overflows in the State; St. Augustine was one of the cities cited in the report. The investigation was ordered by Governor Scott and the study was completed by RS&H Consulting Engineers, January 2017.

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
--------------------	---	---

	or outcome	of benefit
<input checked="" type="checkbox"/> Improve physical health	Reduce or eliminate overflows, reduce or eliminate closures or delays that interrupt daily activities at the school.	Monitor and measure number and frequencies of overflows or roads closed to inundation.
<input checked="" type="checkbox"/> Improve mental health	Reduce interruptions/disturbances to students who rely on routine for stable and reliable schedules.	Monitor number of closures related to environmental events.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Reduce school delays, closures or reduced services due to overflows or inundation.	Monitor number of closures related to environmental events.
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Reduce number and quantity of sewer overflows. Improve surface water quality.	Monitor and track sampling of water quality.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Reduce number and quantity of sewer overflows. Improve surface water quality.	Monitor and track sampling of water quality.
<input checked="" type="checkbox"/> Improve transportation conditions	Measure occurrences and duration of road closures due to tidal inundation or overflows.	Monitor event occurrences.
<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 checked="" type="checkbox"/> Reduce recidivism	Reduce behavioral relapses of low functioning students impacted by immediate changes due to environmental conditions - flooding or overflows.	Monitor number of closures related to environmental events.
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input checked="" type="checkbox"/> Improve wastewater management	Construction of sewer linings and related rehabilitation of sewer systems will reduce incidences of overflows and inundation.	Monitor and measure number and quantity of events as compared to prior years.
<input checked="" type="checkbox"/> Improve stormwater management	Reduce number of occurrences of nuisance tidal flooding, reduce number of road closures due to flooding.	Compare number of flooding incidences as to prior years.
<input checked="" type="checkbox"/> Improve groundwater quality	The rehabilitation of the sewer system and the reduced flooding events will improve the groundwater quality.	Compare number of flooding incidences to prior years and sewer overflows.
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Reduce number of occurrences of nuisance tidal flooding.	Testing for salt, bacteria, and pollutants.
<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:	800,000	50.0%	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:	800,000	50.0%	Yes
5. Other:	0	0.0%	No
TOTAL	1,600,000	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?

Utility and Stormwater Fees

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?

No

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?

August 1, 2017

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?

August 1, 2017

33. List all required permits.

None Required

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?

05/30/2019