

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Wellington Wetlands Reuse Project
2. Date of Submission: 10/22/2019
3. House Member Sponsor: Matt Willhite
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 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:					220,000	220,000

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? Yes
 - 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.

Failure to meet performance measures or deliverables could result in financial consequences or restriction on future legislative funding.

6. Requester:

- a. Name: Paul Schofield
- b. Organization: Village of Wellington
- c. Email: Pauls@wellingtonfl.gov
- d. Phone #: (561)791-4110

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

- a. Name: Tanya Quicke
- b. Organization: Village of Wellington
- c. Email: tquicke@wellingtonfl.gov
- d. Phone #: (561)791-4113

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

- a. Name: Chris Coker
- b. Firm: Coker Consulting
- c. Email: Chris@cokerconsulting.com
- d. Phone #: (850)570-5432

9. Organization or Name of entity receiving funds:

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

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?

The Village is currently endeavoring to expand reuse water distribution from the Wellington WRF. Simultaneously, recommendations from the most recent 2018 SFWMD - Lower East Cost Water Supply Plan Update are encouraging utilities to expand reclaimed water application beyond traditional irrigation, including aquifer recharge and created wetlands. Additional aquifer recharge would also likely benefit the Village's CUP for potable drinking water withdrawal.

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 checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Final Design/Engineering/Permitting	45,000
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Construction and Installation of the following: Pressure Reducing Valve New Pressure Discharge Manual Level Indicators Automatic Level Indicators Recirculation pump State Pond Bypass and Pressure	175,000

	Discharge	
TOTAL		220,000

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?

No

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

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 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 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 type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input checked="" type="checkbox"/> Improve groundwater quality	The project will increase reclaimed water flow to be diverted to the wetlands for aquifer recharge through wetland recharge. This will lead to an increase in the amount and quality of water entering the aquifer.	The project will allow the Village to measure the gross amount of water supplied for the aquifer recharge. The benefits of the recharge will be the long-term increase in conservation and water supply for potable water.
<input checked="" type="checkbox"/> Improve drinking water quality	The project will result in the increased hydraulic loading of the wetland	The project will allow the Village to measure the amount of water being

	leading to greater storage and additional aquifer recharge. This would benefit the Village's CUP for potable drinking water withdrawal.	discharged and withdrawn from the site. This would benefit the Consumptive Use Permit and improve the ability of the Village to supply potable water to the community.
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

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:	220,000	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:	220,000	50.0%	Yes
5. Other:	0	0.0%	No
TOTAL	440,000	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?

Utilities Operation Funding

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.

The Lower East Coast Water Supply Plan Update completed by SFWMD has identified the need for public utilities to expand reuse water application beyond the traditional methods. The project furthers the objectives set forth in the plan.

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?

08/16/2019

30. What is the status of design?

- a. Ready
- b. Not Ready

31. What percentage of design has been completed?

10

32. What is the estimated design completion date?

03/01/2020

33. List all required permits.

FDEP WW Modification

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?

12/31/2020