

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: St. Augustine West Augustine Septic to Sewer 2020

2. Date of Submission: 10/22/2019

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? Yes
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? 2019-20
- Were the funds provided in the most recent fiscal year subsequently vetoed? No
- 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:		350,000	350,000		450,000	450,000

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.

This is a reimbursable funding request. Funds will not be distributed until deliverables and performance measures are achieved.

6. Requester:

- a. Name: John P. Regan
- b. Organization: City of St. Augustine, City Manager
- 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: Michael G. Cullum
- b. Organization: City of St. Augustine, Director of Public Works
- c. Email: mcullum@citystaug.com
- d. Phone #: (904)209-4270

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

- a. Name: Lena Juarez
- b. Firm: JEJ Associates
- 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?

Raise socio-economic status of West Augustine, improve groundwater and well quality, and increase storm hardening by constructing a sanitary sewer system on West 5th Street between Volusia and Nassau Streets. Connect Existing homes and eliminate septic tanks that contribute to deterioration of groundwater quality and "float" during storm events, causing significant environmental and health hazards. Make new workforce housing viable on available parcels by providing sewer availability.

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 a sanitary sewer collection system of approximately 1,200 LF of 8 inch PVC pipe, service laterals and plumbing connections to be installed	450,000

	which will serve 21 existing homes.	
TOTAL		450,000

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?

Yes

15a. Please Describe:

City of St. Augustine, City Commission vote of support over multiple, consecutive years reserving \$250,000 per year of fund balance. West Augustine CRA Board vote of support over multiple, consecutive years. Overwhelming community residents participation in septic-to-sewer connection projects within the area.

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:

Numerous recent studies found that 40 to 50% of the nitrogen in springs and estuaries comes from septic tanks.

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 checked="" type="checkbox"/> Improve physical health	Remove frequently failing septic tanks and replace with gravity sanitary sewer - will improve surface water quality in residents' backyards.	Monitor water quality in residents' backyards.
<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	Installation of sanitary gravity sewer system will improve the quality of groundwater.	Monitor water quality in surface water bodies adjacent to project area.
<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	Increased economic/property values. Provide sewer availability for workforce housing projects.	Assessed value increase. Track sewer service connections.
<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	Installation of a sanitary gravity sewer system will improve surface and ground water bodies. Reduce septic tank failures.	Monitor permits for septic tank repair/replacement. Monitor surface water quality samples.
<input checked="" type="checkbox"/> Improve stormwater management	Reduces opportunity of septic tank overflows into stormwater management systems - reduces flow and increases/improves water quality.	Measure stormwater collection system water quality samples.
<input checked="" type="checkbox"/> Improve groundwater quality	Installation of a sanitary gravity sewer system will improve surface and ground water bodies. Reduce septic tank failures.	Monitor surface water quality samples.
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Installation of a sanitary gravity sewer system will improve surface and ground water bodies. Reduce septic tank failures.	Monitor surface water quality samples.
<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:	450,000	50.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d,	0	0.0%	No

Column F)			
4. Local:	450,000	50.0%	Yes
5. Other:	0	0.0%	No
TOTAL	900,000	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 2020-21 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 of St. Augustine, Utility Water & Sewer Sales

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.

City of St. Augustine West Augustine CRA, Water and Sewer Master Plan page 3-12

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?

01/10/2019

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?
01/10/2019

33. List all required permits.
FDEP Wastewater Collection System Permit, St. Johns County Right of Way Permit

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?
05/01/2021