

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Ocala Septic Tank Abatement and Connection to Sewer
2. Date of Submission: 10/29/2019
3. House Member Sponsor: Stan McClain  
Members Copied: Brett Hage, Charlie Stone

### 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>	<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:					1,000,000	1,000,000

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.

Standard penalties, bonding requirements, and state/federal license requirements.

6. Requester:

- a. Name: Rusella Bowes-Johnson
- b. Organization: City of Ocala - Water Resources
- c. Email: RJohnson@Ocalafl.org
- d. Phone #: (352)351-6772

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

- a. Name: Sean Lanier
- b. Organization: City of Ocala - Water Resources
- c. Email: slanier@ocalafl.org
- d. Phone #: (352)351-6772

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

- a. Name: Sarah Suskey
- b. Firm: The Advocacy Group at Cardenas Parters
- c. Email: sjb@cardenaspartners.com
- d. Phone #: (850)222-8900

9. Organization or Name of entity receiving funds:

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

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 purpose of this funding request is to continue to take septic tanks off-line and connect customers to the City of Ocala's sanitary sewer system. This funding would take 200 septic tanks off-line, reducing TN in groundwater by an estimated 2,868 lbs annually. This funding would assist in covering: septic tank abandonment, lateral to sewer main, impact fees, and yard restoration.

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	This funding will cover: septic tank abandonment, installation and connection of the lateral to sewer main, and impact fees.	1,000,000
<b>TOTAL</b>		<b>1,000,000</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?

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:

The City has a database of residents that are interested in connecting to sewer.

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 Basin Management Action Plan for: Silver Springs, Silver Springs Group, and Upper Silver River; and Rainbow Springs Group and Rainbow Springs Group Run.

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 checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Reducing the amount of nutrients going to the Silver Springs and Rainbow Springs Basins.	The estimated domestic wastewater is based on the Bureau of Onsite Sewage Programs estimates. This total estimated reduction is based on data that the loadings in pounds of nitrogen per OSTDS in the Silver Springs and Rainbow Springs spring sheds is approximately 9.92 lb-N/person, and the household average in Marion County is 2.41 persons.
<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	This project will reduce total nitrogen that is produced due to On-site Sewage Treatment Disposal Systems (OSTDS). OSTDS are a major contributor to nutrient pollution in the Silver Springs and Rainbow Springs Basins, a reduction in their contribution will have an impact on the overall nutrient loading of the Upper Floridan Aquifer.	The estimated domestic wastewater is based on the Bureau of Onsite Sewage Programs estimates. This total estimated reduction is based on data that the loadings in pounds of nitrogen per OSTDS in the Silver Springs and Rainbow Springs spring sheds is approximately 9.92 lb-N/person, and the household average in Marion County is 2.41 persons.
<input checked="" type="checkbox"/> Improve drinking water quality	As groundwater quality has an impact on drinking water quality in the Silver Springs and Rainbow Springs Basins. Therefore, by improving the groundwater quality, drinking water quality will also increase.	The estimated domestic wastewater is based on the Bureau of Onsite Sewage Programs estimates. This total estimated reduction is based on data that the loadings in pounds of nitrogen per OSTDS in the Silver Springs and Rainbow Springs spring sheds is approximately 9.92 lb-N/person, and the household average in Marion County is 2.41 persons.
<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	1,000,000	83.3%	N/A

Project Request:			
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	200,000	16.7%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>1,200,000</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 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?

Water and Sewer Revenue

22. Has local approval been given for ongoing operating funds?

No

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): FDEP Springs funding
- 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 Ocala Fiscal Year 2019-2020 Adopted Budget and Capital Improvement Plan: pg. 409

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?

60%

29. What is the estimated planning completion date?

02/01/2020

30. What is the status of design?

a. Ready

b. Not Ready

31. What percentage of design has been completed?

60%

32. What is the estimated design completion date?

02/01/2020

33. List all required permits.

- City of Ocala Residential Plumbing (PLM) - City of Ocala Residential Electric (ELE)

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?

10/01/2022