

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Port St. Lucie Septic to Sewer Conversion Program

2. Date of Submission: 11/06/2019

3. House Member Sponsor: Toby Overdorf

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 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:					877,350	877,350

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? 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.

Funds will be return at a prorated amount if deliverables are not met

6. Requester:

- a. Name: Brad Macek
- b. Organization: City of Port St. Lucie Utility Systems Department
- c. Email: Bmacek@cityofpsl.com
- d. Phone #: (772)873-6412

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

- a. Name: Brad Macek
- b. Organization: City of Port St. Lucie Utility Systems Department
- c. Email: Bmacek@cityofpsl.com
- d. Phone #: (772)873-6412

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

- a. Name: Dean Cannon
- b. Firm: Grey-Robinson
- c. Email: dean.cannon@gray-robinson.com
- d. Phone #: (850)577-9090

9. Organization or Name of entity receiving funds:

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

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?

Convert 300 out of 4,682 septic systems located within 50' of a water body discharging into the St Lucie River. This will reduce nutrients from septic systems from entering the St Lucie River, thus reducing the chance for algae growth in the waterway. These 300 are a specific target area on water ways with a total of 15,515 septic systems remaining throughout the service area.

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	Remove 300 septic systems from service and install 300 low pressure grinder systems to connect to the City of Port St Lucie Utility Systems Department	877,350
<b>TOTAL</b>		<b>877,350</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:

Part of strategic plan for the City of Port St Lucie. Dr. LaPointe microbial tracker study of the North Fork of the St Lucie River.

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:

Dr. LaPointe microbial tracker study of the North Fork of the St Lucie River. The report identified septic systems as a contributor of nutrients to the North Fork of the St. Lucie River, thus contributing to algae growth in the river.

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	Decrease algae growth in the St	Continued microbiological studies

	Lucie River	and monitoring health of the St Lucie River
<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	Decrease algae growth in the St Lucie River	Continued microbiological studies and monitoring health of the St Lucie River
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Decrease algae growth in the St Lucie River	Continued microbiological studies and monitoring health of the St Lucie River
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Decrease algae growth in the St Lucie River	Continued microbiological studies and monitoring health of the St Lucie River
<input checked="" type="checkbox"/> Increase tourism	Decrease algae growth in the St Lucie River	Continued microbiological studies and monitoring health of the St Lucie River
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Decrease algae growth in the St Lucie River	Continued microbiological studies and monitoring health of the St Lucie River
<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 type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Decrease algae growth in the St Lucie River	Continued microbiological studies and monitoring health of the St Lucie River
<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:	877,350	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:	0	0.0%	No
5. Other:	877,350	50.0%	No
<b>TOTAL</b>	<b>1,754,700</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?

City of Port St Lucie wastewater user rates

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 Port St Lucie Strategic 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?

9/30/2019

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?

10/1/2019

33. List all required permits.

The City of Port St Lucie's Utility Systems Department has been in the process of converting septic systems to utility sewer service has been ongoing, since 1997. No permits required. The City has already converted 8,211, with 15,668 remaining.

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?

9/30/2021