

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Hendry County Wastewater Infrastructure on US27/SR80 Connecting Airglades
2. Date of Submission: 11/06/2019
3. House Member Sponsor: Byron Donalds
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. 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
- b. What is the most recent fiscal year the project was funded? 2019-20
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- 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: | | 1,000,000 | 1,000,000 | | 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? 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.

cancel project

6. Requester:

- a. Name: Jennifr Davis
- b. Organization: Hendry County Board of County Commissioners
- c. Email: jdavis@hendryfla.net
- d. Phone #: (863)675-5220

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

- a. Name: Shane Parker
- b. Organization: Hendry County Board of County Commissioners
- c. Email: sparker@hendryfla.net
- d. Phone #: (863)675-4721

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

- a. Name: Jessica Love
- b. Firm: Gray Robinson
- c. Email: jessica.love@gray-robinson.com
- d. Phone #: (850)577-9090

9. Organization or Name of entity receiving funds:

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

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 construction and construction engineering services of a force main from Airglades Airport to the City of Clewiston’s Wastewater Treatment Plant (WWTP) and decommissioning the Airglades WWTP. Expected benefits include environmental benefits due to the elimination of the wastewater plant at Airglades, increased wastewater capacity at Airglades, and the ability of future development along the route of the force main to connect to said force main instead of installing septic tanks.

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 and Construction Engineering Inspection Services | 1,000,000 |
| TOTAL | | 1,000,000 |

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:

Exhibited by multiple discussions at the Board of County Commissioners meetings for the past 7 years. During a county wide community forum with DEO in 2018, the forum participants listed this project as a top priority in the County.

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 checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality | Water Quality Enhancement preventing future septic hooks up and transferring existing properties to sewer from septic. | Number of septic conversions to sewer. Existing and future hook ups. |
| <input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.) | Reduces potential impact to environment that may contribute to negative impact to water quality. | Number of septic conversions to sewer. Existing and future hook ups. |
| <input type="checkbox"/> Improve transportation conditions | | |
| <input checked="" type="checkbox"/> Increase or improve economic activity | Expanding Urban Service Boundary | Number of new connections in the area outside of the City of Clewiston to allow for additional economic development. |
| <input type="checkbox"/> Increase tourism | | |
| <input checked="" type="checkbox"/> Create specific immediate job opportunities | Create specific and immediate construction job opportunities as well as future development opportunities for businesses to locate along US27. | Number of employees working on the construction project as well as businesses that locate along the corridor. |
| <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 | The expansion of wastewater lines outside of City of Clewiston city limits | The area in which the lines are extended and the decommissioning |

| | | |
|---|---|---|
| | and the elimination of the wastewater treatment plant at Airglades Airport. | of the wastewater treatment plant at Airglades Airport. |
| <input type="checkbox"/> Improve stormwater management | | |
| <input checked="" type="checkbox"/> Improve groundwater quality | Removal of the wastewater treatment plant and spray field at Airglades Airport. | The decommissioning of the wastewater treatment plant at Airglades Airport. |
| <input type="checkbox"/> Improve drinking water quality | | |
| <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: | 1,000,000 | 100.0% | 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: | 0 | 0.0% | No |
| TOTAL | 1,000,000 | 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?

Connection fees and utility usage

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.

County schedule of capital improvements ordinance #2016-19

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?

02/14/2017

30. What is the status of design?

- a. Ready
- b. Not Ready

31. What percentage of design has been completed?

90

32. What is the estimated design completion date?

6/30/2020

33. List all required permits.

A. Department of Environmental Protection 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?

06/30/2021