

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Milton North Santa Rosa Regional Water Reclamation Facility
2. Date of Submission: 11/05/2019
3. House Member Sponsor: Jayer Williamson  
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 (If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2020-21 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget  (Will equal non-vetoed amounts provided in Column A)	Additional Nonrecurring Request	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:		500,000	500,000		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? 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.

Denial of Funding and subsequent audit to the extent allowable under Florida law.

6. Requester:

- a. Name: Randy Jorgenson
- b. Organization: City of Milton
- c. Email: rjorgenson@miltonfl.org
- d. Phone #: (850)983-5400

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

- a. Name: Randy Jorgenson
- b. Organization: City of Milton
- c. Email: rjorgenson@miltonfl.org
- d. Phone #: (850)983-5400

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

- a. Name: Jennifer Green
- b. Firm: Liberty Partners of Tallahassee
- c. Email: jennifer@libertypartnersfl.com
- d. Phone #: (850)841-1726

9. Organization or Name of entity receiving funds:

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

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 funds will be utilized to replace the 35 year old wastewater treatment facility that is operating at 2.5 million gallons per day. The new structure is designed to operate at 8 million gallons per day, accommodating the growth rates of the region that is supported by the plant.

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 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:

Milton's North Santa Rosa Regional Water Reclamation Facility has received written support from the Santa Rosa Board of County Commissioners, Santa Rosa County Legislation Delegation, Santa Rosa County Chamber of Commerce, Santa Rosa County Legislative Coalition, FloridaWest EDA, First Place Partners, EscaRosa chapter of the Florida Restaurant and Lodging Association, Nature Conservancy, and the National Wildlife Federation.

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 checked="" type="checkbox"/> Increase or improve economic activity	In recent years, the Santa Rosa County Economic Development office has been unable to place a number of opportunities due to the lack of wastewater capacity. The new facility will be located in a centralized area with convenient access to all of the 2,100 acres of economic development site inventory along the I-10 corridor. This inventory includes a number of certified sites with exceptional physical and logistical advantages for new industries.	Number of new businesses choosing to relocate to the area.
<input checked="" type="checkbox"/> Increase tourism	The project could provide enhanced recreational fishing through cleaner waters attracting new visitors to the area.	Number of new tourists coming to the area to enjoy improved fishing opportunities.
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Three types of jobs will be created: short-term construction jobs, direct jobs in businesses established or expanded in the East Milton Industrial Area and indirect jobs in the region caused by the supplier to the	Number of employees working on the construction project.

	construction contractors and direct companies. During a 10-year period, and estimated 2,570 direct jobs and 1,266 indirect jobs for combined total Of \$192 million in wages.	
<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 project will eliminate wastewater effluent discharge into the Blackwater River.	The project will utilize the most current technology available to produce an effluent that exceeds drinking water standards.
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input checked="" type="checkbox"/> Improve drinking water quality	The produced treatment plant will utilize the most current technology available to produce an effluent that exceeds drinking water standards.	Water sampling
<input checked="" type="checkbox"/> Improve surface water quality	The project will eliminate the surface water discharge from the existing plant.	Final outcome is to eliminate the surface water discharge from the existing plant.
<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?
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1. Amount Requested from the State in this Appropriations Project Request:	1,000,000	3.5%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	4,174,056	14.6%	No
4. Local:	14,500,000	50.6%	No
5. Other:	9,000,000	31.4%	No
TOTAL	28,674,056	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?

Operating costs will be built into the City of Milton rate structure.

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): Department of Economic Opportunity

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.

Yes. It is documented in the City of Milton's master plan.

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?

06/29/2011

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?

06/15/2014

33. List all required permits.

DEP

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?

<5%

37. What is the estimated completion date of construction?

01/31/2022