

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Holley-Navarre Water System Eglin Regional Reuse Project

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? 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:					1,400,000	1,400,000

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.

Return of unspent funds. No new appropriations until project deliverables and/ or performance measures achieved.

6. Requester:

- a. Name: Rob Williamson
- b. Organization: Holley-Navarre Water System
- c. Email: robwilliamson@hnws-fl.com
- d. Phone #: (850)939-2427

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

- a. Name: Phil Phillips
- b. Organization: Municipal Engineering Services
- c. Email: pPhillips@mesi-fl.com
- d. Phone #: (850)939-5732

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

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

9. Organization or Name of entity receiving funds:

- a. Name: Holley-Navarre Water System
- 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) Non-Profit 501 (c) 12

11. What is the specific purpose or goal that will be achieved by the funds being requested?

The Holley-Navarre Water System requires additional funding to meet their growing demand. The current facility is expected to reach maximum capacity by November 2022. To combat the growing demand of the facility, Holley-Navarre Water System has partnered with Santa Rosa County to install a pipeline on a portion of Eglin Air Force Base.

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	The funding will be used for the project construction for pipeline installation to property provided by Eglin Air Force Base.	1,400,000
<b>TOTAL</b>		<b>1,400,000</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): Non-Profit 501 (c) 12

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 Santa Rosa County Board of County Commissioners has expressed their support of this project and has served as a valuable partner. The Santa Rosa County Gulf Consortium has identified this project has a priority for Pot 3 funds in their State Expenditure Plan. The Department of Defense also serves as a partner.

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 checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Limit general public from harm that can occur from effluent discharge	Monitoring and testing of drinking supply
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input checked="" type="checkbox"/> Increase tourism	Benefit all users of the Santa Rosa Sound	Increase in tourism dollars spent in the areas, as well as increase in local home values
<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	Provide for safe, reliable and compliant wastewater	Observation of a reduction of sanitary sewer overflows
<input type="checkbox"/> Improve stormwater management		
<input checked="" type="checkbox"/> Improve groundwater quality	Increased supply of reclaimed water	Observation of increased groundwater supply
<input checked="" type="checkbox"/> Improve drinking water quality	Decrease the amount of effluent being transported into the Santa	Observation of improved water

	Rosa Sound	quality conditions over time
<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:	1,400,000	14.0%	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:	8,600,000	86.0%	Yes
<b>TOTAL</b>	<b>10,000,000</b>	<b>100%</b>	

20. Is this a multi-year project requiring funding from the state for more than one year?

No

21. What is the revenue source of ongoing operating funds?

Water and Sewer Revenues

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)
- 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.

Perdido Bay Estuary Plan, State Expenditure 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?

11/05/2018

30. What is the status of design?

- a. Ready
- b. Not Ready

31. What percentage of design has been completed?

25%

32. What is the estimated design completion date?

12/31/2020

33. List all required permits.

The permit to construct the RIBs is related to proving the reuse meets the requirements of the FDEP rules and will not harm the environment. This one requires an engineering report. The transmission line permit is the more generic or general permit (planned). There really is no distinctive language or title other than knowing the critical permit is the RIB permit (received).

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?

11/01/2022