

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Moore Haven Caloosahatchee River Area Drainage Improvements
2. Date of Submission: 11/05/2019
3. House Member Sponsor: Cary Pigman
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>	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:					920,318	920,318

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.

Non payment of invoices, corrective action plan

6. Requester:

- a. Name: David Miller, City Manager
- b. Organization: City of Moore Haven
- c. Email: davidmiller@moorehaven.org
- d. Phone #: (863)946-0909

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

- a. Name: David Miller, City Manager
- b. Organization: City of Moore Haven
- c. Email: davidmiller@moorehaven.org
- d. Phone #: (863)946-0909

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

- a. Name: Connie Vanassche
- b. Firm: CAS Governmental Services, LLC
- c. Email: ccvgovser@gmail.com
- d. Phone #: (561)512-0089

9. Organization or Name of entity receiving funds:

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

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?

Provides for the improvement & protection of life, health, safety of citizenry, children, visitors & residents by reducing flooding in & around the library, City's park & City Hall facilities with design & construction of stormwater drainage improvements with water quality treatment reducing pollutants entering the Caloosahatchee River Basin & Estuary by eliminating under-performing drainage systems that currently do not provide any water quality treatment.

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 checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Contractual surveying, engineering design, modeling, permitting, bidding services, management & observation services	213,700
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	Contractual Construction Services	706,618
TOTAL		920,318

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:

City of Moore Haven Council Meeting - Dec. 12, 2018

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 checked="" type="checkbox"/> Improve physical health	Improved health from improved water quality stormwater treatment; improved roadways, sidewalks, & drainage	Reduced pollutants entering the Caloosahatchee River Basin; protects State water resources; meeting permitting agencies regulations; safer transportation, improved & safer

		access to City facilities, and the public library
<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	Stormwater quality treatment resulting in the reduction of pollutants entering the Caloosahatchee River; elimination of under-performing drainage systems that don't provide any water quality treatment	Engineer certification, meets permitting agencies regulations; less pollution entering Caloosahatchee River Basin & Estuary, improved environment
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Protection of the public & environment through improved stormwater treatment & reduced flooding; provides for improved life, health & safety accessing public facilities	Less pollution entering Caloosahatchee River Basin & Estuary, less flooding; meets permitting agencies regulations, safer transportation & access to public facilities; less property damage, protection of State resources
<input checked="" type="checkbox"/> Improve transportation conditions	Prevention of flooding around the public library, City facilities & roadways; property damage reduction	Protection of life, health, safety & property; provides for safer roadways & transportation to & from public facilities
<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 checked="" type="checkbox"/> Improve stormwater management	Reduction of flooding to public facilities, improved stormwater management & water quality treatment by the elimination of under-performing drainage system that don't provide any water quality treatment. Improved life, health & safety for citizenry, children, residents & visitors	Approval of permitting agencies regulations; engineer's certification, improved stormwater quality management; reduction of contaminates entering Caloosahatchee River Basin & Estuary, protection of State water resources due to improved water quality & quantity; less flooding
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Improved surface water quality due to the elimination of under-performing drainage systems that do not provide any water quality treatment	Permitting agencies regulations approval; engineer's certification, improved stormwater quality management,, less pollutants entering State water resources, Caloosahatchee River Basin & Estuary
<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:	920,318	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	920,318	100%	

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?

Budget

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?

No

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?
- 0
29. What is the estimated planning completion date?
- 6/30/2021
30. What is the status of design?
- a. Ready
 - b. Not Ready
31. What percentage of design has been completed?
- 0
32. What is the estimated design completion date?
- 12/31/2021
33. List all required permits.
- FDEP, SFWMD
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?

12/31/2022