

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Brooksville Sewer Rehabilitation Phase IV
2. Date of Submission: 11/13/2019
3. House Member Sponsor: Ralph Massullo
Members Copied: Blaise Ingoglia

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:					2,200,000	2,200,000

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.

Withhold Payment

6. Requester:

- a. Name: Mark Kutney
- b. Organization: City of Brooksville
- c. Email: mkutney@cityofbrooksville.us
- d. Phone #: (352)540-3810

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

- a. Name: Jon Dowler
- b. Organization: City of Brooksville
- c. Email: jdowler@cityofbrooksville.us
- d. Phone #: (352)540-3860

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

- a. Name: Shawn Foster
- b. Firm: Sunrise Consulting Goup
- c. Email: foster@scgroup.us
- d. Phone #: (727)808-4131

9. Organization or Name of entity receiving funds:

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

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 Sewer Rehabilitation Project Phase IV, intends to correct aging infrastructure deficiencies in the City’s sanitary sewer collection system. Repair and rehabilitation is necessary to correct structural defects, eliminate sanitary sewer overflows caused by inflow and infiltration, and reduce the amount of water processed and treated at the City’s water treatment facility. Inflow is surface water being introduced into the collection system, and Infiltration is groundwater leaking into system.

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 including open cut, directional boring, relining sewer main piping, manholes, cleanouts installed/replaced, lateral lines repaired/replaced.	2,200,000

TOTAL		2,200,000
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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:

The proposed Sewer Rehabilitation Ph IV project will complete the City's sewer system upgrade. City Council has supported this project. It has been incorporated into the City's C.I.P.

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:

Cardno Engineering has completed the design and plans, and has determined that reducing Inflow and Infiltration will eliminate sanitary sewer overflows, and reduce costs associated with wastewater processing and treatment significantly.

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
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<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	Reducing sewer overflows and backups at homes, businesses, and sewage lift stations, will eliminate raw sewage getting into stormwater & other water bodies frequented by fish and wildlife.	Monitor areas in the City that were prone to sewer overflows and backups during heavy rain events.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Reducing sewer overflows and backups at homes, businesses, and sewage lift stations, will eliminate the health risk associated with fecal matter coming in contact with humans.	Monitor areas in the City that were prone to sewer overflows and backups during heavy rain events.
<input type="checkbox"/> Improve transportation conditions		
<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 checked="" type="checkbox"/> Improve wastewater management	A reduction in costs associated with processing and treating wastewater, such as chlorination, electricity, wear and tear on pumps and equipment, and even staffing requirements.	Monitor flows into treatment plant compared with previous, and costs associated with equipment, chemicals compared with previous.
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<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:	2,200,000	68.8%	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:	1,000,000	31.3%	No
5. Other:	0	0.0%	No
TOTAL	3,200,000	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?

Water, Waster Water and Solid Waste Fees

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.)
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?
10/07/2019
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?
complete
33. List all required permits.
FDOT, SWFWMD, and FDEP

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?

12/31/2023