The Florida House of Representatives
Appropriations Project Request Guidance - Fiscal Year 2024-25

For projects meeting the definition of House Rule 5.14

Only Members of the Florida House of Representatives can officially submit an Appropriations Project Request

Your request will not be officially submitted unless all questions and applicable sub parts are answered. The information provided in the request will be posted on the House website and available for public review if an Appropriations Project Request is published by a Representative.

1. **Title of Project:** *For education projects please put the name of the school preceding the title. For example, "University of XX – new program or new building." For water projects, please put the name of the County or City preceding the title.*

2. **Date of Submission:** *This field will be automatically generated at the time of submission.*

3. **House Member Sponsor**: *The submitting member's name is automatically generated by the APR system.*

4. **Details of Amount Requested:**

   a. Has funding been provided in a previous State budget for this activity?   ○ Yes ○ No   *If "no" skip to 4d, Column 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?   ○ Yes ○ No   If vetoed, check if recurring and/or nonrecurring funds:

                                                     Recurring   Nonrecurring

   d. Complete the following Project Request Worksheet to develop your request.

FY:	Input Prior Year Appropriation for this project for FY **2023-24** *(If appropriated in FY 2023-24 enter the appropriated amount, even if vetoed.)*			Develop New Funds Request for FY **2024-25** *(Requests for additional RECURRING funds in Column E are prohibited.)*		
Column:	A	B	C	D	E	F
Funds Description	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated	Recurring Base Budget	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds
Input Amounts			*Automatic Calculation*	*Automatic Calculation*		*Automatic Calculation*

e. Provide the total cost of the project for FY 2024-25 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	% of Total	Are the other sources of funds guaranteed in writing?	
1. Amount Requested from the State in this Appropriations Project Request	*Automatic Entry from Total 4d, Col E*	*Automatic Calculation*	*Yes/No required for any positive answer in the amount column.*	
2. Federal	0	*Automatic Calculation*	○ Yes	○ No
3. State (Excluding the requested Total Amount in #4d, Col F)	0	*Automatic Calculation*	○ Yes	○ No
4. Local	0	*Automatic Calculation*	○ Yes	○ No
5. Other	0	*Automatic Calculation*	○ Yes	○ No
TOTAL				

5. Is this a multi-year project requiring funding from the state for more than one year? Yes ○ No ○

a. How much state funding would be requested after 2024-25 over the next 5 years?   <Click to Select>

   Estimate the total state funding that will be requested over the next 5 years, including the current request. Include both nonrecurring funding and any annual operating funding that will be requested when you select an answer.

b. How many additional years of state support do you expect to need for this project?   <Click to Select>

c. 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".   <Click to Select>

   Provide the total nonrecurring cost of the project for all years assuming the project has a beginning and a completion. Include all funds required to complete the project including federal, state, local and other funds needed. For any projects that are ongoing in nature (such as recurring administrative or operating costs) select "on-going activity – no total cost").

6. Which is the most appropriate state agency to place an appropriation for the issue requested?

<Click to Select>

   a. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes ○ No ○
   b. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

   Minimum of 5 characters and a maximum of 500 characters allowed. "None" and "Not Applicable" (N/A) are not acceptable responses.

7. Requester:
   a. First Name: [   ] Last Name: [   ]
   b. Organization: [   ]
   c. Email: [   ]
   d. Phone #: [   ]

8. Contact for questions about specific technical or financial details about the project.
   a. First Name: [   ] Last Name: [   ]
   b. Organization: [   ]
   c. Email: [   ]
   d. Phone #: [   ]

9. If there is a registered lobbyist working to secure funding for this project, fill out the information below. If not, click None
   a. First Name: [   ] Last Name: [   ]
   b. Firm: [   ]
   c. Email: [   ]
   d. Phone #: [   ]

10. Organization or Name of entity receiving funds: *If the entity ultimately receiving the funds is a state agency, the request might not be an appropriations project as defined by House Rule 5.14. Please refer to House Rule 5.14 to ensure that the request fits the definition of an appropriations project.*

   a. Name:

   b. County (County where funds are to be expended)   <Select County Name>

   c. Service Area (Counties being served by the service(s) provided with funding)

   Please note that the County where the funds are to be expended, often is, but may not always be, the County receiving the services. For example, a building may be built in and/or funds expended in Leon County for a particular program that may provide either statewide services or services to Leon, Gadsden, and Wakulla counties.

11. What type of organization is the entity that will receive the funds?

   <Click to Select>

   If other, please describe:

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

   500 maximum characters allowed

13.   Provide specific details on how funds will be spent. (Select all that apply)

In the Description column for each applicable Spending Category, briefly describe how the funds in that Spending Category will be used. For example, "Salaries will be used to hire a part-time driver to assist with delivery of meals." In the Amount Requested column, list the amount to be spent on that Spending Category. The sum of amounts must equal the total nonrecurring request in Question 4d, Column E.

Spending Category	Description	Amount Requested (Total should equal 4d, Col. E) Enter '0' if request is zero for the category
Administrative Costs		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/ Contracted Services/ Study		
Operational Costs		
Salaries and Benefits		
Expenses/Equipment/ Travel/Supplies/Other		
Consultants/ Contracted Services/ Study		
Fixed Capital Construction/Major Renovation		
Construction/Renovation/ Land/Planning Engineering		
Total Requested		0

14. For Fixed Capital Costs requested in Question 13, what type of ownership will the facility be under when complete?

<Click to Select>

Select the ownership category for the owner of the facility being planned, constructed, renovated, or improved or which represents the owner of land being purchased, improved, or surveyed.

If other, please describe:

100 maximum characters allowed

15. Is the project request an information technology project?   Yes ○   No ○   *If "No" or a water project, skip to #16*

a. Will this information technology project be managed within a state agency to support state agency program goals? Yes ○   No ○

b. What is the total cost (all years) to design and build the project?

This amount should total all nonrecurring costs expected over the entire project lifecycle by fiscal year, identifying all one-time costs from project initiation to implementation.

c. What are the ongoing (annual recurring) maintenance and operation costs once the project is completed?

This cost should total the annual amount necessary to sustain the project once completed, to include personnel (state FTE and contractors), application maintenance (such as annual software as a service (SaaS) licensing/usage costs, hardware lease/purchase), data center services, plant and facility costs (such as call center space or offices for support staff), and any other recurring costs.

d. Can the state agency fund the ongoing annual recurring costs within its current operating budget?   ○ Yes   ○ No

e. What are the specific business objectives or needs the IT project is intended to address?

400 maximum characters allowed   *Provide a clear statement of need that describes the conditions that created, or significantly contributed to, the problem or opportunity being addressed by the project. Document the current status of the program or service and describe in detail all areas that need improvement that the project will address, i.e., current inefficiencies, problems and/or shortfalls.*

f. Based upon the identified business objectives or needs, what are the success factors that must be realized in order for the state agency to consider the proposed IT project a success?

100 maximum characters allowed   *Clearly identify the results that must be achieved from the proposed solution that will prove the project was successful. Propose any quantifiable business metrics that could be used to determine project success.*

16. 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   ○ No
Please describe:

> *400 maximum characters allowed. If you are unable to describe the documented show of support please answer "No." If support for the requested funding is documented select "YES." If "YES" is selected, provide the date of approval, the dates of meetings where support was documented, types of meetings, names or numbers of people or organizations writing letters of support, or any other information regarding the documented support.*

17. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served? Yes ○   No ○
Please describe:

> *400 maximum characters allowed. If you are unable to describe the documented study please answer "No." If support for the requested funding is documented by a study select "YES." If "YES" is selected, provide the title, author, and date of the report or study, who requested the study or report, and briefly describe the findings which support funding.*

Water projects skip to #19

18. Will the requested funds be used directly for services to citizens?   ○ Yes   ○ No

If the funds requested are for direct services to citizens, select the description that best fits the population group being served. More than one group may be selected.
If the group being served is not listed check "Other" and provide a brief description of the group.

a. What are the activities and services that will be provided to meet the purpose of the funds?

> 400 maximum characters allowed

b. Describe the direct services to be provided to the citizens by the funding requested.

> 400 maximum characters allowed

c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups"). Select all that apply to the target population:

Elderly Persons	Drug users (in health services)
Persons with poor mental health	Preschool students
Persons with poor physical health	Grade school students
Jobless persons	High school students
Economically disadvantaged persons	University/College students
At-risk youth	Currently or formerly incarcerated persons
Homeless	Drug offenders (in criminal Justice)
Developmentally disabled	Victims of crime
Physically disabled	General (The majority of funds will benefit no specific group)
Other, please describe:	

> Required if 18c - Other is checked (100 maximum characters allowed)

d. How many in the target population are expected to be served?

19. 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 *In this column, describe the specific measure of the benefit or outcome. For example, an outcome may be improved physical health. A measure may be reduced blood pressure in patients with high blood pressure. Do not select as a measure the number of persons receiving services.*	Describe the method for measuring level of benefit or outcome *In this column, describe how the outcome will be measured. For example, the outcome of improved physical health, where the measure is reduced blood pressure, could be evaluated by recording the blood pressure of all patients receiving services after 2, 4, and 6 months of treatment and comparing the results to untreated populations.*
Improve physical health		
Improve mental health		
Enrich cultural experience		
Improve agricultural production/ promotion/education		
Improve quality of education		
Enhance/preserve/improve environmental or fish and wildlife quality		
Protect the general public from harm (environmental, criminal, etc.)		

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit or outcome
Improve transportation conditions		
Increase or improve economic activity		
Increase tourism		
Create specific immediate job opportunities		
Enhance specific individual's economic self sufficiency		
Reduce recidivism		
Reduce substance abuse		
Divert from Criminal/ Juvenile Justice System		
Improve wastewater management		
Improve stormwater management		
Improve groundwater quality		
Improve drinking water quality		
Improve surface water quality		
Other (Please describe)		

The questions below are additional questions for water projects only

20. 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

21. 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

22. What is the status of construction?
    Construction is the actual building or implementation of the project. Select the construction status as of the date that you are filling out the form. Select "Ready" if the project construction process is ready to begin or has begun. Typically the construction process is only ready when the planning, design, and permitting processes have been completed. Select "Not Ready" if the construction process is not ready to begin and planning and/or design still need to be done.

    a. ○ Ready

    b. ○ Not Ready

23. What percentage of construction has been completed?
    Input the percentage of the project construction process that has been completed as of the date that you are filling the form. If the process has not begun, input 0%.

    [%]

24. What is the estimated completion date of construction?

    [   ]