The Florida House of Representatives

Appropriations Project Request - Fiscal Year 2023-24

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:**
2. **Date of Submission:**
3. **House Member Sponsor**:
4. **Details of Amount Requested:**
   a. Has funding been provided in a previous State budget for this activity? Yes No
   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
   d. Complete the following Project Request Worksheet to develop your request.

If vetoed, check if recurring and/or nonrecurring funds: **Recurring** **Nonrecurring**

FY:	**Input Prior Year Appropriation for this project for FY 2022-23** *(If appropriated in FY 2022-23 enter the appropriated amount, even if vetoed.)*			**Develop New Funds Request for FY 2023-24** ***(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 Recurring Base Budget + Additional Nonrecurring**
Input Amounts			0	0		0

e. Provide the total cost of the project for FY 2023-24 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	0	%		
2. Federal	0	%	Yes	No
3. State (Excluding the requested Total Amount in #4d, Col F)	0	%	Yes	No
4. Local	0	%	Yes	No
5. Other	0	%	Yes	No
TOTAL	0	%		

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 2023-24 over the next 5 years? <Click to Select>

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>

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

   <Choose Agency>

   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.

   500 maximum characters allowed

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:

    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)

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

    Other

    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)

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?

Other

If other, please describe:

100 maximum characters allowed

15. Is the project request an information technology project? ○ Yes ○ No ***Water projects 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?

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

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

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

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

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

18. Will the requested funds be used directly for services to citizens? ○ Yes ○ No ***Water projects skip to #19***

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

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

d. How many in the target population are expected to be served? <Click to Select>

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	Describe the method for measuring level of benefit or outcome
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.)		

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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		

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Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit or outcome
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?
    a. ○ Ready
    b. ○ Not Ready

23. What percentage of construction has been completed?
    _____ %

24. What is the estimated completion date of construction?
    _____