

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Inglis Sub Regional Waste Water Treatment Plant

2. Date of Submission: 09/26/2017

3. House Member Sponsor: Charlie Stone

Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- Has funding been provided in a previous state budget for this activity? Yes  
*If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E*
- What is the most recent fiscal year the project was funded? 2017-18
- Were the funds provided in the most recent fiscal year subsequently vetoed? No
- Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <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:		500,000	500,000		3,000,000	3,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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 the funds to the State

### 6. Requester:

- a. Name: Drinda Merrit
- b. Organization: Town of Inglis, Fl
- c. Email: mayordrindamerritt@gmail.com
- d. Phone #: (352)447-3585

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

- a. Name: Drinda Merrit
- b. Organization: Town of Inglis, Fl
- c. Email: mayordrindamerritt@gmail.com
- d. Phone #: (352)447-3585

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

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

### 9. Organization or Name of entity receiving funds:

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

### 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?

Review Easements and draw proposed sewage layout decide cost effective installation and best products. Apply for any State or County easements necessary. Request locates of all Public utilities. GIS all of it. Determine where sewer piping can go and make adjustments accordingly. Bring in at least two manufactures to bid the project. Prepare proposed layout from there Purchase pipe. Installation of treatment plant concurrent with pilot advanced potable 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 checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Advertisements for RFQ and RFP's Engineers evaluation and assist the city with the secretion of a contractor. Emaciate work site prep, geological studies laying the lines.	3,000,000
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 type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		

TOTAL		3,000,000
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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)

N/A

14. Is the project request an information technology project?

N/A

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:

Letter of support and community feed back

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?

N/A

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	Reduction of nutrient loading to an outstanding Florida Water way (Withlatchoochee River)	Water testing
<input checked="" type="checkbox"/> Improve mental health	With failing septic systems the resident on fixed incomes have sever amounts of stress due to financial constraints	Reduced negative perception

<input checked="" type="checkbox"/> Enrich cultural experience	Ability to bring in future development	Job creation
<input checked="" type="checkbox"/> Improve agricultural production/promotion/education	Reuse spray field	Hay production
<input checked="" type="checkbox"/> Improve quality of education	Brings awareness of the need for environmental protection	Attendance at earth day functions save the water day functions
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Meet BMP proposed standards will not negatively impact TMDL. Reduce invasive aquatic growth.	A return to natural Florida habitat
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Protect the public from raw discharge from septic systems in major rain events	To reduce the chance of illness or death due to bacteria that is found in raw septic discharge
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Encourage more business development bring more jobs to a rural area of opportunity	Increased tax revenue
<input checked="" type="checkbox"/> Increase tourism	By restoring the natural Florida Habitat	Increased sales tax dollars Gas tax dollars Increased bed tax dollars
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Living wage construction jobs	Decrease in unemployment number
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	By increased employment	Less of the population on government subsidy
<input checked="" type="checkbox"/> Reduce recidivism	By increased employment	Reduction in crime
<input checked="" type="checkbox"/> Reduce substance abuse	By increased employment	Reduction arrest for drug crimes
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	By employment	Reduction of crime
<input checked="" type="checkbox"/> Improve wastewater management	Reduce septic tank leaking reduce pollutants to the river	Water testing

<input type="checkbox"/> Improve stormwater management		
<input checked="" type="checkbox"/> Improve groundwater quality	Reduction of nutrients	Water testing
<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 2018-19 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:	3,000,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column E)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>3,000,000</b>	<b>100%</b>	

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 2018-19 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?

Customer billing

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): Enterprise Florida Rural Infrastructure Grant
- 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.

Town of Inglis Comprehensive Plan Chapter 4 Page 2

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?
- 10%
29. What is the estimated planning completion date?
- 12/01/2017
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?
- 09/01/2018
33. List all required permits.
- Town Buliding Permits; DEP Permits
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?

09/30/2019