

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: St. Pete Beach Sanitary Sewer Capacity Improvement

2. Date of Submission: 09/13/2019

3. House Member Sponsor: Jennifer Webb

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. 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
- b. What is the most recent fiscal year the project was funded? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 (If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2020-21 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					1,000,000	1,000,000

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.

Return funds to the state.

6. Requester:

- a. Name: Alan Johnson, Mayor
- b. Organization: City of St. Pete Beach
- c. Email: ajohnson@stpetebeach.org
- d. Phone #: (727)543-2794

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

- a. Name: Vince Tenaglia, Assistant City Mgr
- b. Organization: City of St. Pete Beach
- c. Email: vtenaglia@stpetebeach.org
- d. Phone #: (727)363-9250

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

- a. Name: RJ Myers
- b. Firm: Suskey Consulting
- c. Email: rj@suskeyconsulting.com
- d. Phone #: (850)933-0883

9. Organization or Name of entity receiving funds:

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

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 requested funds will be used to expand the St. Pete Beach Wastewater Transmission System, which will increase the capacity of the St. Pete Beach wastewater collection system, and minimize future sanitary sewer overflows, creating capacity to immediately facilitate commercial development and redevelopment projects.

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	Sewer Inspection after the construction of a new sanitary sewer force main, located under/adjacent to Gulf Blvd (State Road 699) from the south end of St. Pete Beach to the north, including the City's most densely populated and heavily	1,000,000

	trafficked beach-front hotel district.	
TOTAL		1,000,000

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:

Public Presentations held and support expressed by residents and businesses

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:

Model Capacity Report, City of St. Pete Beach, September 2016 by Kimley-Horn and Associated, INC.

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	Eliminate the potential for Sanitary Sewer Overflows that have a high likelihood of reaching surface waters, and the wildlife that inhabit those surface waters.	All Sanitary Sewer Overflows are reportable to the State of Florida Department of Environmental Protection and are tracked.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Eliminate the potential for Sanitary Sewer Overflows that have a high likelihood of reaching surface waters, and the wildlife that inhabit those surface waters.	All Sanitary Sewer Overflows are reportable to the State of Florida Department of Environmental Protection and are tracked.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Allow for new development and redevelopment to proceed	The City is currently under a Sanitary Sewer Moratorium, preventing any additional wastewater flow. Redevelopment can be directly tracked by building permits.
<input checked="" type="checkbox"/> Increase tourism	Provide needed capacity for additional hotel rooms to be built.	The City is currently under a Sanitary Sewer Moratorium, preventing any additional wastewater flow. Redevelopment can be directly tracked by building permits.

<input checked="" type="checkbox"/> Create specific immediate job opportunities	Major Private Redevelopment and Development	The City is currently under a Sanitary Sewer Moratorium, which will end as a result of this project. Redevelopment can be directly tracked by building permits, and will result in an immediate need for skilled workers.
<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	Additional Capacity Added to Sanitary System, Eliminating the potential for Sanitary Sewer Overflows that have a high likelihood of reaching surface waters.	All Sanitary Sewer Overflows are reportable to the State of Florida Department of Environmental Protection and are tracked.
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Eliminate the potential for Sanitary Sewer Overflows that have a high likelihood of reaching surface waters.	All Sanitary Sewer Overflows are reportable to the State of Florida Department of Environmental Protection and are tracked.
<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
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			writing?
1. Amount Requested from the State in this Appropriations Project Request:	1,000,000	7.8%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	1,000,000	7.8%	No
4. Local:	10,900,000	84.5%	Yes
5. Other:	0	0.0%	No
TOTAL	12,900,000	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?

Sanitary Sewer Services 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?

Yes

24a. If Yes, insert plan name and cite page numbers.

St Pete Beach Model Capacity Report

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?

12/8/2018

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?

7/26/2019

33. List all required permits.

FDOT Utility Permit, FDEP Wastewater Collection/Transmission System Construction Permit

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?

12/31/2020