

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Underwater Veterans Memorial - Pinellas
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Larry Ahern  
Members Copied:

### 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 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:					100,000	100,000

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 Economic Opportunity
  - 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.  
Funds will be returned.

6. Requester:

- a. Name: Janet Long
- b. Organization: Pinellas County Commission
- c. Email: janetclong@pinellascounty.org
- d. Phone #: (727)464-3365

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

- a. Name: Charles Mangio
- b. Organization: Pinellas County Department of Solid Waste
- c. Email: cmangio@pinellascounty.org
- d. Phone #: (727)464-7544

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

- a. Name: Martha Edenfield
- b. Firm: Dead, Mean & Dunbar
- c. Email: MEdenfield@deanmead.com
- d. Phone #: (850)999-4100

9. Organization or Name of entity receiving funds:

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

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 Underwater Veteran's Memorial's purpose will be the first national and state underwater memorial to honor the military and veterans who served and fought for our country's freedoms in WWI, WWII, Korea, Viet Nam, Persian Gulf, and Operation Enduring and Iraqi Freedoms. This memorial will support SCUBA diving as the 4th fastest growing sport in America because of the interest in ecology, marine life, and physical fitness.

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 checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Statues, chains, buoys, and supplies create the memorial	50,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Contracted barge with tug and crane for deployment of memorial components	50,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>100,000</b>

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?

No

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:

A public hearing in April of 2017 before Pinellas County Commission meeting. June 2017, Pinellas County Commission allocated \$50,000 for the construction of the Underwater Veterans memorial; Letters of support from local and state diver?s operators; Letters of support from local and state veteran organizations

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:

ECONOMIC IMPACT ANALYSIS OF AN UNDERWATER SCULPTURE MEMORIAL AT VETERANS REEF (Fishkind & Associates, Inc., November 2017) and 2) Feasibility Study: Circle of Heroes, an Underwater Sculpture Memorial at Veterans Reef, Pinellas County Florida (Aquabio, Inc., August 2017)

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

The Underwater Veterans Memorial will provide services to local and state citizens by providing a recreational site for divers, adaptive sports therapy programs for disabled veterans of the United States and Florida Department of Veterans Affairs, veteran scuba diving organizations, and divers with physical disabilities who participate in adaptive sports recreation and therapy.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Physical and mental health therapy for veterans who benefit from diving rehabilitation.

17c. 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
- 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 the funds will benefit no specific group)
- Other (Please describe)

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

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 checked="" type="checkbox"/> Improve physical health	Additional muscular-skeleton strength and flexibility	Biological-psychological feedback from divers with physical disabilities. There is a significant body of medical, rehabilitation, occupational, psycho-social, sports medicine supporting water therapy, swimming as beneficial to health. A partial literature review of clinical research from medicine, rehabilitation, occupational, recreational therapeutic journals, identify ?scuba diving? as having improved muscular strengths and flexibility outcomes for populations.
<input checked="" type="checkbox"/> Improve mental health	Improves the symptomology associated with mental conditions, e.g., PTSD and depression, anxiety disorders, trauma.	Biological-psychological-social feedback from divers with mental disabilities. Research indicates reduction of symptomatology associated with mental health. Improves sense of well-being, self confidence, resilience, hope.
<input checked="" type="checkbox"/> Enrich cultural experience	Transcends multicultural and diversify of populations to integrate with a veteran memorial as a historical honor of service .	Community empowerment as a social action process by individuals and groups to gain understanding of the veterans who served and sacrifice in American wars.
<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	Enhance and improve the environment for marine fish and invertebrates	Recording and monitoring metrics related to the reef.

<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<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 type="checkbox"/> Improve wastewater management		
<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 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:	100,000	40.0%	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:	50,000	20.0%	Yes
5. Other:	100,000	40.0%	Yes
<b>TOTAL</b>	<b>250,000</b>	<b>100%</b>	

20. Is this a multi-year project requiring funding from the state for more than one year?

No