

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Trout Lake Nature Center's New Education Complex

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Jennifer Sullivan

Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- 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***
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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:					2,000,000	2,000,000

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? 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.

Standard contractor penalty

6. Requester:

- a. Name: Eileen Tramontana, Exec. Dir.
- b. Organization: Trout Lake Nature Center
- c. Email: tlnc.director@gmail.com
- d. Phone #: (352)357-7536

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

- a. Name: Eileen Tramontana, Exec. Dir.
- b. Organization: Trout Lake Nature Center
- c. Email: tlnc.director@gmail.com
- d. Phone #: (352)357-7536

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: Trout Lake Nature Center, Inc.
- b. County (County where funds are to be expended): Lake
- c. Service Area (Counties being served by the service(s) provided with funding): Citrus, Lake, Marion, Orange, Seminole, Volusia

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?

Provide a quality environmental education for our community, visitors and students. In order to expand programs and increase our audience we need to build additional buildings, replace our 20 plus year old trailer currently housing our museum and improve our road and parking area. With these improvements we will be able to provide a safe environment to hold concurrent programs, develop multi-day and larger events serving as a regional destination for environmental educational programs.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Project Manager will be hired to manage construction, site prep, etc. of program	50,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Exec. Dir. will manage over all project	10,000
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	TLNC will contract with a consultant to assist with fundraising and marketing	60,000
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	TLNC has contracted with an architect to develop initial building design and site plan. Architect will be required to complete construction drawings, inspections through	250,000

	completion and approval of the buildings TLNC will contract with an Engineer to develop site plans, construction contracts, etc. through completion the building TLNC will contract with an Interpretive designer to develop new exhibits and displays for the museum and learning areas both indoors and outdoors	
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Fixed Capita Construction - Building \$950,000 and Site work \$390,000 - Solar Equipment \$90,000 - Interpretive displays \$100,000 - Furnishings and It \$100,000	1,630,000
TOTAL		2,000,000

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): Facility will be owned by Trout Lake Nature Center

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:

Letters of support from Lake County and City of Eustis to be attached

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?

Yes

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

Sponsor larger events for the public, our community and students. Expand educational displays, exhibits by moderizing our museum. Expand school and youth education programs. Provide environmentally safe and intimate meeting space, business retreats and executive trust and team building environment. Host concurrent and multi-day events programs and events.

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

Expand a variety of new educational programs for children, adults and the community. Partner with other organizations to host meetings and community gatherings which will support and grow our local economy.

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): Environmental education, economic driver, health programs, recreational area.

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
<input checked="" type="checkbox"/> Improve physical health	Count of trail walkers is kept	Research shows getting out in nature can improve mental and physical health
<input checked="" type="checkbox"/> Improve mental health	TLNC partners with local groups to provide socialization for their clients - currently working to become an Autism-Friendly facility	Research shows getting out in nature can improve mental and physical health
<input checked="" type="checkbox"/> Enrich cultural experience	Black Seminole History, The History or Rain, How the Environment Impacted Florida Development, etc.	Participant counts
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Pre K through fifth grade education field experiences	Teacher evaluations show effectiveness of learning and if meeting grade level standards and

		teacher needs
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Maintaining property, habitat,	bird and wildlife surveys completed. Monthly water quality testing and submitted for analysis
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Monitor participation during events and activities	2016 head and sign-in counts showed approximately 35% of visitors from out of county
<input checked="" type="checkbox"/> Increase tourism	Monitor participation during events and activities	2016 head and sign-in counts showed approximately 35% of visitors fro out of county
<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):		
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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:	2,000,000	80.8%	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:	400,000	16.2%	Yes
5. Other:	75,000	3.0%	Yes
<b>TOTAL</b>	<b>2,475,000</b>	<b>100%</b>	

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

No