

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

Is this a water project? Questions #1 – #20 must be answered for all appropriations project requests, except where otherwise noted. Additionally, questions #21 - #37 must be answered for all water projects.

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: Ft. Denaud Bridge Rehabilitation
2. Date of Submission: 1-3-17
3. House Member Sponsor: Donalds
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
 - 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 x No
 Complete the following Project Request Worksheet to develop your request.

FY:	Input Prior Year Appropriation for this project for FY 2016-17 <i>(If appropriated in FY 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)</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>	Additional Nonrecurring Request	TOTAL Nonrecurring Request <i>(Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated nonrecurring if funded in the House Budget or the Final Conference Report on the budget.)</i>
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 2017-18? NO
- If yes, which state agency?
 - If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Florida Department of Transportation.
 - For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency.

6. Requester:

- Name: Charles Chapman
- Organization: Hendry County Board of County Commissioners
- Email: cchapman@hendryfla.net
- Phone #: 863-675-5220

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- Name: Charles Chapman
- Organization: Hendry County Board of County Commissioners
- Email: cchapman@hendryfla.net
- Phone #: 863-675-5220

8. Is there a registered lobbyist working to secure funding for this project? X YES NO If yes, please provide:

- Name: Joe Spratt
- Firm: Spratt & Associates
- Email: josephrspratt@yahoo.com
- Phone #: 863-517-0235

9. Organization or Name of entity receiving funds: (Please retype if same as Requester or Contact)

- Name: Hendry County Board of County Commissioners
- County (County where funds are to be expended) Hendry
- Service Area (Counties being served by the service(s) provided with funding) Hendry and Glades

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?

Funding for the construction and construction engineering services to provide required rehabilitation of the Ft. Denaud Bridge. The bridge will operate more efficiently, the condition of the bridge will be improved extending the life of the bridge, and the new fender system will help to provide continued protection

of the bridge. Hendry County & Glades County residents will benefit as it is a vital commuter route for residents.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Choose YES or NO	Description	Non-Recurring <small>(Total should equal 4d, Col. E) Enter "0" if request is zero for the category</small>
<u>Administrative Costs:</u>			
a. Executive Director/Project Head Salary and Benefits	NO		
b. Other Salary and Benefits	NO		
c. Expense/Equipment/Travel/Supplies/Other	NO		
d. Consultants/Contracted Services/Study	NO		
<u>Operational Costs:</u>			
e. Salaries and Benefits	NO		
f. Expenses/Equipment/Travel/Supplies/Other	NO		
g. Consultants/Contracted Services/Study	NO		
<u>Fixed Capital Construction/Major Renovation:</u>			
h. Construction/Renovation/Land/Planning Engineering	YES	Renovations and repairs	\$1,000,000
I. TOTAL REQUESTED			\$1,000,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, a YES was selected for "h. Fixed Capital Outlay" costs), 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? NO *Water projects skip to #15*

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 or no {character}
- e. What are the specific business objectives or needs the IT project is intended to address? _____ {Text, 500 characters}
- 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? _____ {Text, text 500 characters}

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

Please Describe: Exhibited by multiple discussions at the Board of County Commissioners meetings and exhibited motor failures resulting in road closures for the past 30+ years.

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

- a. Please Describe: The Florida Department of Transportation conducted an annual inspection of the bridge and found multiple deficiencies.

17. Will the requested funds be used directly for services to citizens? Yes *Water projects skip to #18*

- a. Describe the target population to be served. 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
- Other (Describe All residents of Hendry & Glades Counties, this is a vital commuter route bridge crossing the Caloosahatchee River)

b. 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 YES or NO in each blank that applies):

Yes/No	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.)		
X	Improve transportation conditions	Ensure the bridge is operational	Daily verification bridge is operational
	Increase or improve economic activity		
	Increase tourism		
	Create specific immediate job opportunities		
	Enhance specific individual's economic self sufficiency		
	Reduce recidivism		
	Reduce substance abuse		
	Divert from Criminal/Juvenile justice system		
	Improve wastewater management		
	Improve stormwater management		
	Improve groundwater quality		
	Improve drinking water quality		
	Improve surface water quality		
X	Other (Please describe) <u>Public Safety</u>	Ensure EMS/Law Enforcement Access	Daily verification bridge is operational

19. Provide the total cost of the project for FY 2017-18 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	% of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Budget Issue Request:	\$1,000,000	83.33%	N/A
2. Federal:			
3. State: (Excluding the requested Total Amount in #4d, Column F)			
4. Local:	\$200,000	16.67%	County Transportation Tax
5. Other:			
<u>Total</u>	\$1,200,000		

20. Is this a multi-year project requiring funding from the state for more than one year? NO

a. How much state funding would be requested after 2017-18 over the next 5 years?

b. How many additional years of state support do you expect to need for this project?

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".

The questions below are additional questions for water projects only

21. What is the revenue source of ongoing operating Funds?

22. Has local approval been given for ongoing operating funds?

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 (Text for what the other is)

e. N/A

24. Has project been addressed in a local, regional, or state plan?
 - a. If Yes, Insert Plan Name and Cite Page Numbers
25. Is the project for a financially disadvantaged community? 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 ?
29. What is the estimated planning completion date?
30. What is the status of design ?
 - a. Ready
 - b. Not Ready
31. What percentage of design has been completed?
32. What is the estimated design completion date?
33. List all required 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?
37. What is the estimated completion date of construction?