

Local Funding Initiative Request - Fiscal Year 2018-2019

1. Title of Project: City of Port St. Lucie Veteran's Memorial Water Quality Retrofit Ph 3

Senate Sponsor: Bobby Powell
 Date of Submission: 12/21/2017

4. Project/Program Description:

Construction of one (1) stormwater control structure and one wet detention pond at an existing uncontrolled discharge point into the North Fork of the St. Lucie River

5. State Agency Contacted? Yes

- a. If yes, which state agency? Department of Environmental Protection
- b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. Amount of Non-recurring Requested for fiscal year 2018-19:

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	619,364	619,364

Type, amount and percent of matching funds available for this project for fiscal year 2018-19:

Туре	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	619,364	50.0%
Other	0	0.0%
TOTAL	619,364	50.0 %

8. Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds): 1,238,728

9. Previous Year Funding Details:

- a. Has funding been provided in a previous state budget for this activity? No
- b. In the previous 5 fiscal years, how many years was funding provided? (Optional)
- c. What is the most recent fiscal year the project was funded?
- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	Α	В	С
Funds Description: Input Amounts:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

1,200,000

11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?

Improve stormwater management for the basin and reduce pollutants being discharged into the North Fork of the St. Lucie River. It is anticipated that this project will great an additional 39 acre-feet of storage volume, and reduce the Total Nitrogen by 169 lbs/yr and Total Phosphorus by 33 lbs/yr.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?

Construction of one (1) stormwater control structure and one (1) wet detention pond at an existing uncontrolled discharge location.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
□Executive Director/Project Head Salary and Benefits		
□Other Salary and Benefits		
□Expense/Equipment/Travel/Supplies/Other		
□Consultants/Contracted Services/Study		
Operational Costs		



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□Salary and Benefits		
□Expense/Equipment/Travel/Supplies/Other		
☐Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
☑Construction/Renovation/Land/Planning Engineering	Construction of the stormwater management improvements	619,364
TOTAL		619,364

d. What are the direct services to be provided to citizens by the appropriations project?

Improved stormwater management and water quality entering the North Fork of the St. Lucie River

e. Who is the target population served by this project? How many individuals are expected to be served?

_N/A

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Improve quality of stormwater released into the North Fork of the St. Lucie River. Pre vs. post water quality testing and level of stormwater released into the river.

- g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

 _Request an appropriate amount of funding back.
- 12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

The City of Port St. Lucie is the owner of the facility and the entity receiving the fixed capital outlay.

- 13. Requestor Contact Information:
 - a. Name: James Angstadt

b. Organization: <u>City of Port St. Lucie</u>
c. Email: <u>jangstadt@ cityofpsl.com</u>
d. Phone Number: (772)871-5177

14. Recipient Contact Information:

a. Organization: City of Port St. Lucie

b. County: Saint Luciec. Organization Type:



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	O For Profit
	O Non Profit 501(c) (3)
	O Non Profit 501(c) (4)
	Local Entity
	O University or College
	O Other (Please specify) d. Contact Name: James Angstadt
	e. E-mail Address: jangstadt@ cityofpsl.com
	f. Phone Number: (772)871-5177
	
15	If there is a registered lobbyist, fill out the lobbyist information below.
13.	a. Name: Dean Cannon
	b. Firm: Gray-Robinson
	c. Email: dean.cannon@gray-robinson.com
	d. Phone Number: (850)577-9090
16.	Have you applied for alternative state funding?
	□Wastewater Revolving Loan
	□Drinking Water Revolving Loan
	□Small Community Wastewater Treatment Grant
	□Other (Please describe)
	⊠N/A
17.	What is the population economic status?
	☐Financially Disadvantaged Community (ch. 62-552, F.A.C)
	☐Financially Disadvantaged Municipality (ch. 62-552, F.A.C)
	☐Rural Area of Economic Concern
	☐Rural Area of Opportunity (s. 288-0656, Florida Statutes)
	⊠n/A

18. What is the status of construction?

Ready depending on funding

19. What percentage of construction has been completed?

0%



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20. What is the estimated completion date of construction?

12/31/2019