1. **Title of Project:** City of Jacksonville Septic Tank Phase Out Program

2. **Senate Sponsor:** Audrey Gibson

3. **Date of Submission:** 12/07/2017

4. **Project/Program Description:**
   The City of Jacksonville and JEA formed a partnership in 2016 to reduce septic tanks in Duval County. In order to effectively prioritize areas of need, the Jacksonville City Council unanimously approved a matrix system, ranking 35 neighborhoods identified by the Duval County Health Department for septic tank removal when funding is available. The matrix considers environmental, health and welfare concerns together with community considerations, such as median home value, providing for a matrix which evaluates a wide range of factors. Although Jacksonville has upwards of 65,000 septic tanks throughout the County, and several thousand near natural waterbodies or drainage facilities that discharge to waterways, the neighborhoods represented on the priority matrix will remove or properly abandon about one third of the septic tanks in Duval County. Realizing infrastructure investment requires community engagement, the program requires that 70% of the property owners in a designated neighbo

5. **State Agency Contacted?** No
   a. If yes, which state agency?
   b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Environmental Protection

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

<table>
<thead>
<tr>
<th>Amount Requested for Operations</th>
<th>Amount Requested for Fixed Capital Outlay</th>
<th>Total Amount of Requested State Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,000,000</td>
<td>2,000,000</td>
<td>2,000,000</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Local</td>
<td>30,000,000</td>
<td>93.8%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>30,000,000</td>
<td>93.8 %</td>
</tr>
</tbody>
</table>

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 32,000,000
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.

<table>
<thead>
<tr>
<th>FY:</th>
<th>Input Prior FY Appropriation for this project for FY 2017-18</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)</td>
<td></td>
</tr>
<tr>
<td>Column:</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>Funds Description:</td>
<td>Prior Year Recurring Funds *</td>
<td>Prior Year Nonrecurring Funds *</td>
</tr>
</tbody>
</table>

10. Is future-year funding likely to be requested?
    Yes
    a. If yes, indicate non-recurring amount per year.
       Unknown

11. Program Performance:
    a. What is the specific purpose or goal that will be achieved by the funds requested?
       Elimination of on-site treatment and disposal systems promote the environment and the health, safety and general welfare of the city’s residents and visitors alike.
    b. What are the activities and services that will be provided to meet the intended purpose of these funds?
       Elimination of on-site treatment and disposal systems promote the environment and the health, safety and general welfare of the city’s residents and visitors alike.
    c. How will the funds be expended?

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
d. What are the direct services to be provided to citizens by the appropriations project?

Elimination of onsite treatment and disposal systems.

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

Homeowners in an economically disadvantaged community, 1,812 lots.

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

Number of homeowners that agree to have their septic tank removed and join the city’s sewer system.

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?

The City has an obligation to fulfill the contract requirements, if the City breaches the terms of the contract it should be canceled. Click here to enter text.

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.

City of Jacksonville

13. Requestor Contact Information:
   a. Name: Ali Korman Shelton
   b. Organization: City of Jacksonville
   c. Email: akshelton@coj.net
   d. Phone Number: (904)718-4276
14. **Recipient Contact Information:**
   a. **Organization:** City of Jacksonville
   b. **County:** Duval
   c. **Organization Type:**
      - For Profit
      - Non Profit 501(c) (3)
      - Non Profit 501(c) (4)
      - Local Entity
      - University or College
      - Other (Please specify) Local Government
   d. **Contact Name:** Ali Korman Shelton
   e. **E-mail Address:** akshelton@coj.net
   f. **Phone Number:** (904)718-4276

15. **If there is a registered lobbyist, fill out the lobbyist information below.**
   a. **Name:** Dean Cannon
   b. **Firm:** Gray Robinson
   c. **Email:** dean.cannon@gray-robinson.com
   d. **Phone Number:** (407)843-8880