

Local Funding Initiative Request - Fiscal Year 2018-2019

1. Title of Project: Brevard County Osprey Water Reclamation Facility Nutrient Removal Upgrade

Senate Sponsor: Debbie Mayfield
 Date of Submission: <u>11/16/2017</u>
 Project/Program Description:

Reclaimed water project

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:

| Amount Requested for Operations | Amount Requested for | Total Amount of |
|---------------------------------|----------------------|-----------------------|
| | Fixed Capital Outlay | Requested State Funds |
| | 4,000,000 | 4,000,000 |

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 | 4,000,000 | 50.0% |
| Other | 0 | 0.0% |
| TOTAL | 4,000,000 | 50.0 % |

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

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.



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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?

No

11. Program Performance:

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

The upgraded water reclamation facility will produce effluent with a reduced nutrient loading, resulting in an estimated reduction of 22,988 lbs/yr of TN reaching the Indian River Lagoon.

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

Biological, chemical and physical process upgrades will be constructed throughout the Osprey Water Reclamation Facility

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 | | |
| ☐Salary and Benefits | | |
| □Expense/Equipment/Travel/Supplies/Other | | |



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| ☐Consultants/Contracted Services/Study | | |
|----------------------------------------------------|------------------------------------------------------------------------------|-----------|
| Fixed Capital Construction/Major Renovation | | |
| ☑Construction/Renovation/Land/Planning Engineering | Retrofit / Enhanced Nutrient Scrubbing at Waster Water Treatment Plant | 4,000,000 |
| TOTAL | | 4,000,000 |

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

_Cleaner groundwater, cleaner and clearer lagoon water, and improved marine habitat and fisheries.

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

Public users of the Indian River Lagoon, residents, tourists, fishermen

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

Annual load reduction benefit for upgrading the Titusville Osprey Water Reclamation Facility is 22,988 pounds of nitrogen. Expected results include cleaner groundwater, cleaner and clearer lagoon water, and improved marine habitat and fisheries. The outcome will be measured using nutrient concentration, reduced by soil attenuation, and total annual load from the Water Reclamation Facility, which distributes reclaimed water to customers in the groundwater shed of the Indian River Lagoon .

- 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?

 Cost share would be reduced on a pro-rata basis for work not completed to the satisfaction of the administering agency. However the agency should be authorized to issue time extensions without penalty when they believe the situation is justified (eg acts of God or other circumstances beyond the control of the applicant).
- 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.

Owner: City of Titusville, Relationship: Project Partner

13. Requestor Contact Information:

a. Name: Virginia Barker, Director

b. Organization: Breavard Natural Resources Mangement Department

c. Email: Virgina.Barker@BreavardFL.gov

d. Phone Number: (321)633-2016

14. Recipient Contact Information:



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| a. Organization: | <u>Breavard</u> | Natural | Resources | Mang | gement De | <u>partment</u> |
|------------------|-----------------|---------|-----------|------|-----------|-----------------|
| | | | | | | |

b. County: Brevard

c. Organization Type:

For Profit

Non Profit 501(c) (3) Non Profit 501(c) (4)

Local Entity

University or College Other (Please specify)

d. Contact Name: Virginia Barker, Director

e. E-mail Address: Virgina.Barker@BreavardFL.gov

f. Phone Number: (321)633-2016

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: Ronald Book

b. Firm: Ronald L. Book, P.A.c. Email: ron@rlbookpa.comd. Phone Number: (305)935-1866

16. Have you applied for alternative state funding?

| Li 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?

Design and Permitting has been completed, bid and mobilize is next



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19. What percentage of construction has been completed?

_0

20. What is the estimated completion date of construction?

9/30/2019