Appropriations Project Request - Fiscal Year 2022-23

For projects meeting the definition of House Rule 5.14

Only Members of the Florida House of Representatives can officially submit an Appropriations Project Request Your request will not be officially submitted unless all questions and applicable sub parts are answered. The information provided in the request will be posted on the House website and available for public review if an Appropriations Project Bill is filed by a Representative.

- **Title of Project:** 1.
- Date of Submission:
- **House Member Sponsor:**
- **Details of Amount Requested:** 4.
 - Has funding been provided in a previous State budget for this activity? No a.
 - What is the most recent fiscal year the project was funded? b.
 - Were the funds provided in the most recent fiscal year subsequently vetoed? If vetoed, check if recurring and/or nonrecurring Yes No c. funds: Recurring Nonrecurring
 - Complete the following Project Request Worksheet to develop your request. d.

FY:	Input Prior Year Appropriation for this project for FY 2021-22 (If appropriated in FY 2021-22 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2022-23 (Requests for additional RECURRING funds in Column E are prohibited.)		
Column:	Α	В	С	D	E	F
Funds Description	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated	Recurring Base Budget	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds
Input Amounts						

Appropriations Project Request - Fiscal Year 2022-23

e. Provide the total cost of the project for FY 2022-23 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	% of Total	Are the other sources of funds guaranteed in writing?	
Amount Requested from the State in this Appropriations Project Request		%		
2. Federal		%	Yes	No
3. State (Excluding the requested Total Amount in #4d, Col F)		%	Yes	No
4. Local		%	Yes	No
5. Other		%	Yes	No
TOTAL		%		

- 5. Is this a multi-year project requiring funding from the state for more than one year? Yes No
 - a. How much state funding would be requested after 2022-23 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".

Appropriations Project Request - Fiscal Year 2022-23

6.	Wl	hich is the most appropriate state agency to place an	appropriation for the issue requested?
	a. b.		the funding, if the request were appropriated, been contacted? Yes No r performance measures which the agency should provide in its contract
7.	Re	quester:	
	a.	First Name:	Last Name:
	b.	Organization:	
	c.	Email:	
	d.	Phone #:	
8	. Co	ontact for questions about specific technical or financ	ial details about the project.
	a.	First Name:	Last Name:
	b.	Organization:	
	c.	Email:	
	d.	Phone #:	
9.	If t	there is a registered lobbyist working to secure fundin	g for this project, fill out the information below. If not, click None
	a.	First Name:	Last Name:
	b.	Firm:	
	c.	Email:	

d. Phone #:

Appropriations Project Request - Fiscal Year 2022-23

	a.	Name:
	b.	County (County where funds are to be expended)
	c.	Service Area (Counties being served by the service(s) provided with funding)
11.	Wh	at type of organization is the entity that will receive the funds?
	If o	ther, please describe:
12.	Wł	nat is the specific purpose or goal that will be achieved by the funds being requested?

10. Organization or Name of entity receiving funds:

Appropriations Project Request - Fiscal Year 2022-23

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

Spending Category	Description	Amount Requested (Total should equal 4d,
Administrative Costs		Col. E) Enter '0' if request is zero for the category
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/ Contracted Services/ Study		
Operational Costs		
Salaries and Benefits		
Expenses/Equipment/ Travel/Supplies/Other		
Consultants/ Contracted Services/ Study		
Fixed Capital Construction/Ma	ajor Renovation	
Construction/Renovation/ Land/Planning Engineering		
Total Requested		
·		

14.	For Fixed Capital Costs requested in Question 13, what type of ownership will the facility be under when complete?				
	If other, please describe:				
15.	Is the project request an information technology project? Yes No Water projects skip to #16 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 No e. What are the specific business objectives or needs the IT project is intended to address?				
	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?				
16.	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 No Please describe:				
17.	Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served? Yes No Please describe:				

7 III LITE	requested funds be used directly for services to citize	ens? Yes	No	Water projects skip to #19
a.	What are the activities and services that will be prov	vided to meet the	purpose of the fu	ınds?
b.	Describe the direct services to be provided to the ci	tizens by the fund	ing requested.	
C.	Describe the target population to be served (i.e., "tl	he maiority of the	funds requested	will serve these target populati
c.	or groups"). Select all that apply to the target popul	• •		
C.	<u> </u>	lation:	s (in health service	es)
C.	or groups"). Select all that apply to the target popul	lation:	•	es)
C.	or groups"). Select all that apply to the target popul	lation: Drug users Preschool	•	es)
C.	or groups"). Select all that apply to the target popul Elderly persons Persons with poor mental health	lation: Drug users Preschool	students ool students	es)
C.	or groups"). Select all that apply to the target popul Elderly persons Persons with poor mental health Persons with poor physical health	Drug users Preschool Grade school High school	students ool students	
C.	or groups"). Select all that apply to the target popul Elderly persons Persons with poor mental health Persons with poor physical health Jobless persons	Drug users Preschool Grade school High school University,	students pol students pl students	
C.	or groups"). Select all that apply to the target popul Elderly persons Persons with poor mental health Persons with poor physical health Jobless persons Economically disadvantaged persons	Drug users Preschool Grade school High school University, Currently o	students ool students ol students /College students	s cerated persons
C.	or groups"). Select all that apply to the target popul Elderly persons Persons with poor mental health Persons with poor physical health Jobless persons Economically disadvantaged persons At-risk youth	Drug users Preschool Grade school High school University, Currently o	students ool students ol students /College students or formerly incard iders (in criminal	s cerated persons
C.	or groups"). Select all that apply to the target popul Elderly persons Persons with poor mental health Persons with poor physical health Jobless persons Economically disadvantaged persons At-risk youth Homeless	Drug users Preschool Grade school High school University, Currently of Drug offen	students ool students ol students /College students or formerly incarc ders (in criminal strime	s cerated persons

Appropriations Project Request - Fiscal Year 2022-23

19. 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 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		
Tish and whome quanty		
Protect the general public from harm (environmental, criminal, etc.)		
narm (environmental, criminal, etc.)		
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Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit or outcome
Improve transportation conditions		
Increase or improve economic activity		
Increase tourism		
Create specific immediate job opportunities		
Enhance specific individual's economic self sufficiency		
k		
Reduce substance abuse		

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit or outcome
Divert from Criminal/ Juvenile Justice System		
Improve wastewater management		
Improve stormwater management		
Improve groundwater quality		
Improve drinking water quality		
Improve surface water quality		
Other (Please describe)		

Appropriations Project Request - Fiscal Year 2022-23

The questions below are additional questions for water projects only

- 20. Have you applied for alternative state funding?
 - a. Wastewater Revolving Loan
 - b. Drinking Water Revolving Loan
 - c. Small Community Wastewater Treatment Grant
 - d. Other (Please describe)
 - e. N/A
- 21. 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
- 22. What is the status of construction?
 - a. Ready
 - b. Not Ready
- 23. What percentage of construction has been completed?
- 24. What is the estimated completion date of construction?