Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

<mark>*Only Members of the Florida House of Representatives can officially submit an Appropriations Project Request*</mark>

Questions #1 – #20 must be answered for all appropriations project requests, except #14 on information technology and #17 on Services are not required for water projects. Questions #21 - #37 are for water projects only pursuant to s. 403.885, F.S.   Also, Question #5 defaults to the "Department of Environmental Protection" for water projects.

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

1. **Title of Project:**   *(For Education projects please put the name of the school preceding the title. e.g., "University of XX– new program or new building". For water project please put the name of the County or City preceding the title.)*

2. **Date of Submission:**   *Leave blank .This field will be auto-generated at the time of submission .*

3. **House Member Sponsor**:   *Leave this field blank; the submitting member's name is automatically generated by the APR system.*

4. **DETAILS OF AMOUNT REQUESTED:**

    a. Has funding been provided in a previous State budget for this activity?   Yes   No   *If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col E*

    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   No

    d. Complete the following Project Request Worksheet to develop your request.

FY:	Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds in Column E are prohibited.)		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	**Recurring Base Budget** (Will equal non-vetoed amounts provided in column A)	**Additional Nonrecurring Request** *If you leave Column E as zero, and are not requesting additional nonrecurring funding, there is no need to submit an AP request form. If you need advice on how to proceed with your request or would like to verify that you do not need to submit an AP request form, please call House Appropriations at (850) 717-4810.*	**TOTAL Nonrecurring plus Recurring Base Funds** (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:	*{enter "0" or number)*	*{enter "0" or number)*	*{Automatic Calculation}*	*{Automatic Calculation}*	*{enter "0" or number)*	*{Automatic Calculation}*

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19?   Yes   No   *Select No if LBR's have not yet been submitted for fiscal year.*

   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?

   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. If the requested issue is for a local emergency management or disaster preparedness issue the correct Department is the Executive Office of the Governor which contains the Division of Emergency Management)

   c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted?   Yes   No

   d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

   Description

6. Requester:

   a. Name:

   b. Organization:

   c. Email:

   d. Phone #:

7. Contact for questions about specific technical or financial details about the project *Please check "same" if same as requester.*

   a. Name:

   b. Organization:

   c. Email:

   d. Phone #:

8. If there is a registered lobbyist working to secure funding for this project, fill out the information below If not, click None.   None

   Please supply the name of the primary lobbyist making contacts regarding the request.

   If yes, please provide:

   a. Name:

   b. Firm:

   c. Email:

   d. Phone #:

9. Organization or Name of entity receiving funds:

   If the entity ultimately receiving the funds is a state agency, the request might not be an appropriations project as defined by House Rule 5.14. Please refer to House Rule 5.14 to ensure that the request fits the definition of an appropriations project.

   a. Name:

   b. County (County where funds are to be expended)

   c. Service Area (Counties being served by the service(s) provided with funding)

   Please note that the County where the funds are to be expended, often is, but may not always be, the County receiving the services.   For example, a building may be built in and/or funds expended in Leon County for a particular program that may provide either statewide services or services to Leon, Gadsden, and Wakulla counties.

10. What type of organization is the entity that will receive the funds?

    If other (Please describe)

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

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

Provide specific details by selecting all appropriate Spending Categories which best reflect the proposed use of the requested funds. If funds are not requested for a Spending Category listed do not select it. In the Description column for each selected category, succinctly describe in detail what the funds in that Spending Category will be used for (E.g., "Salaries will be used to hire a part time driver to assist with delivery of meals.") In the Nonrecurring column, list the amount to be spent on the selected category. NOTE: The sum of amounts for each Spending Category must equal the total nonrecurring request (See 4d, Column E).

Spending Category	Choose YES or NO	Description	Non-Recurring (Total should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:			
a. Executive Director/Project Head Salary and Benefits	Yes No		
b. Other Salary and Benefits	Yes No		
c. Expense/Equipment/Travel/Supplies/ Other	Yes No		
d. Consultants/Contracted Services/Study	Yes No		

Spending Category	Choose YES or NO	Description	**Non-Recurring** (Total should equal 4d, Col. E) Enter "0" if request is zero for the category
Operational Costs:			
e. Salaries and Benefits	Yes No		
f. Expenses/Equipment/Travel/Supplies/ Other	Yes No		
g. Consultants/Contracted Services/ Study	Yes No		
Fixed Capital Construction/Major Renovation:			
h. Construction/Renovation/Land/Plan ning Engineering	Yes No		
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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).

If the requested funding includes proposed Fixed Capital Costs as indicated by Question 12h, select the ownership category for the owner of the facility being planned, constructed, renovated, or improved or which represents the owner of land being purchased, improved or surveyed.

If other, please describe:

14. Is the project request an information technology project?   Yes   No   **Water projects skip to #15**

If the requested funding described in Question 12 is for an information technology products or services project, select "YES". If "NO" is selected there will be no need to answer Questions 14a through f.

   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?

   This project budget should total all non-recurring costs expected over the entire project lifecycle by fiscal year, identifying all one-time costs from project initiation to implementation.

   c. What are the ongoing (annual recurring) maintenance and operation costs once the project is completed?

   Operational and maintenance (O&M) costs should total the annual amount necessary to sustain the project once completed, to include personnel (state FTE and contractors), application maintenance (such as annual software as a service (SaaS) licensing/usage costs, hardware lease/purchase), data center services, plant and facility costs (such as call center space or offices for support staff), and any other recurring costs.

   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?

   Provide a clear statement of need that describes the conditions that created, or significantly contributed to, the problem or opportunity being addressed by the project. Document the current status of the program or service and describe in detail all areas that need improvement that the project will address, i.e., current inefficiencies, problems and/or shortfalls.

   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?

   Clearly identify the results that must be achieved from the proposed solution that will prove the project was successful. Propose any quantifiable business metrics that could be used to determine project success.

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   No
    Please Describe:

    If you are unable to describe the documented show of support please answer "No". If support for the requested funding is documented select "YES". If "YES", provide in the description in Question 15 the date of approval, the dates of meetings where support was documented, types of meetings, names or numbers of people or organizations writing letters of support or any supporting information regarding the documented support.

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   No

    Please Describe:

    If you are unable to describe the documented study please answer "No". If support for the requested funding is documented by a Study select "YES". If "YES", provide in the description in Question 16a, the title, author and date of the report or study, who requested the study or report, and briefly describe report or study findings which support funding.

17. Will the requested funds be used directly for services to citizens?   Yes   No   *Water projects skip to #18*

    If the funds requested are for direct services to citizens, select the description that best fits the population group being served. More than one group may be picked. If the group being served is not listed check "Other" and provide a brief description of the group.

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

    b. Describe the direct services to be provided to the citizens by the funding requested.

    c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups:"). 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

General (The majority of funds will benefit no specific group)

Other

If Other, please describe:

d. How many in the target population are expected to be served?

If the funds requested are for direct services to citizens, select the numbers of citizens in the group expected to be served. For example if the requested funds will provide meals for 100 low-income seniors, select "51-100" for the number served provided the requested funds were approved.

18. What benefits or outcomes will be realized by the expenditure of funds requested (Select each Benefit/Outcome that applies):

Expected Outcomes from Expenditure of Funds Requested:

First Column, *select any number of the listed outcomes that apply. If the expected outcome is not listed for the requested funds, select "Other" and provide a brief description.*

Second Column, *for each outcome selected, describe the specific measure of the benefit or outcome. For example, an outcome may be improving physical health. A measure may be reduced blood pressure in patients with high blood pressure. Another example may be an outcome of reducing substance abuse. A measure may be clean urinalyses.* ***Do not select as a measure the number of persons receiving services.***

Third Column, *describe how that outcome will be measured. For example, the outcome of improved physical health, where the measure may be reduced blood pressure could be measured by recording the blood pressure of all patients receiving services after 2, 4 and 6 months of treatment and comparing the results to untreated populations and to other populations with differing treatments. On the outcome of reducing substance abuse, the measure may be the percentage of treatment recipients who have clean urinalysis 6 months after completing treatment.*

Check each 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		

Check each 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 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.)		
	Improve transportation conditions		

Check each that applies	Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the Method for measuring level of benefit or outcome
	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		

Check each 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 wastewater management		
	Improve stormwater management		
	Improve groundwater quality		
	Improve drinking water quality		
	Improve surface water quality		
	Other (Please describe)		

19. Provide the total cost of the project for FY 2018-19 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 Appropriations Project Request:	*{Automatically pulls from request Total 4.d. Col E}*	*{Automatic percentage calculation}*	N/A		
2. Federal:	*{Numeric, Enter 0 or $}*	*{Automatic percentage calculation}*	Yes	No	*{ yes/no required for any positive answer in Amount}*
3. State: (Excluding the requested Total Amount in #4d, Column F)	*{Numeric, Enter 0 or $}*	*{Automatic percentage calculation}*	Yes	No	*{ yes/no required for any positive answer in Amount}*
4. Local:	*{Numeric, Enter 0 or $}*	*{Automatic percentage calculation}*	Yes	No	*{ yes/no required for any positive answer in Amount}*
5. Other:	*{Numeric, Enter 0 or $}*	*{Automatic percentage calculation}*	Yes	No	*{ yes/no required for any positive answer in Amount}*
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20. 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 2018-19 over the next 5 years?

   Estimate the approximate probable total state funding that will be requested over the next 5 years, including the current request. Include both nonrecurring funding needed and annual operating funding that will be requested when you chose an answer.

   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".

   Provide the total nonrecurring cost of the project for all years assuming the project has a beginning and a completion. Include all funds required to complete the project including federal, state, local and other funds needed.   For any projects that are ongoing in nature (such as recurring administrative or operating costs, or ongoing costs to provide services) select "on-going activity – no total cost")

The questions below are additional questions for water projects only

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

   Input the revenue source that will be used for any ongoing operating costs (e.g., ad valorem, gas tax, stormwater fee, etc.)

22. Has local approval been given for ongoing operating funds?   Yes   No

   Indicate "Yes" or "No" if the local government that will be providing the ongoing operating funds has given approval. An example of local approval would be an approved motion at a county commission meeting to fund the ongoing operating funds for the project.

23. Have you applied for alternative state funding?
    If Other, please describe:

24. Has project been addressed in a local, regional, or state plan?   Yes   No

   Indicate "Yes" or "No" and if yes, input the name of the plan and cite the page numbers in the plan that refer to the requested project. An example of a local plan is the City of Miami Beach Stormwater Master Plan. An example of a regional plan is the Regional Water Supply Plan by the Central Florida Water Initiative. An example of a state plan is the Florida Forever Five Year Plan.

   a. If Yes, Insert Plan Name and Cite Page Numbers

25. Is the project for a financially disadvantaged community?   Yes   No

   Indicate "Yes" or "No" if the project is for a financially disadvantaged community as defined in Chapter 62-552, F.A.C.

26. What is the population economic status?

27. What is the status of planning?

   Planning is the systematic identification of project tasks, task schedules, and resources required for task accomplishment. Select the planning status as of the date that you are filling out the form. Select "Ready" if the project planning process has begun or is completed. Select "Not Ready" if the planning process has not been initiated.

28. What percentage of the planning process has been completed?

Input the percentage of the project planning process that has been completed as of the date that you are filling out the form. If the planning process has not begun, input 0%.

29. What is the estimated planning completion date?

Input the estimated date when the planning process will be completed. If already complete, input the date the planning process was completed.

30. What is the status of design?

Design is a model, sketch, drawing, outline, description, or specification used to create the vision of that which is to be created. Select the design status as of the date that you are filling out the form. Select "Ready" if the project design process has begun or is completed. Select "Not Ready" if the design process has not been initiated.

31. What percentage of design has been completed?

Input the percentage of the project design process that has been completed as of the date that you are filling out the form. If the design process has not begun, input 0%.

32. What is the estimated design completion date?

Input the estimated date when the design process will be completed. If already complete, input the date the design process was completed.

33. List all required permits

Input all of the permits that are required to complete the project. Permits could be required by federal, state, and local governments.

34. What is the status of permitting?

It is likely that a permit(s) will be required for a water project. Select the permitting status as of the date that you are filling out the form. Select "Planned" if no permit requests have been submitted yet. Select "Submitted" if permit requests have been submitted and are pending but have not yet been received. Select "Received" if the permits have been received.

35. What is the status of construction?

Construction is the actual building or implementation of the project. Select the construction status as of the date that you are filling out the form. Select "Ready" if the project construction process is ready to begin or has begun. Typically the construction process is only ready when the planning, design, and permitting processes have been completed. Select "Not Ready" if the construction process is not ready to begin and planning and/or design still need to be done.

36. What percentage of construction has been completed?

   Input the percentage of the project construction process that has been completed as of the date that you are filling the form. If the construction process has not begun, input 0%.

37. What is the estimated completion date of construction?