NOTE: PLEASE OPEN/EDIT/SAVE THIS FORM IN ADOBE ACROBAT OR READER DC. OPENING IN OTHER APPLICATIONS MAY RESULT IN THE INABILITY TO EDIT/SAVE AS INTENDED.

Appropriations Project Request - Fiscal Year 2020-21

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

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:** City of Cape Coral Reclaimed Water Transmission Main,

   (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? FY2019

   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 2019-20 (If appropriated in FY 2019-20 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2020-21 (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:		3,000,000	*{Automatic Calculation}*	*{Automatic Calculation}*	19,000,000	*{Automatic Calculation}*

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? ○ 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?

   Florida Department of Environmental Protection

   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: The penalties that the city would risk would be jeopardizing any future funding endeavors from the State. Also on a larger scale the penalties that the

6. Requester:

   a. Name: Jeff Pearson

   b. Organization: City of Cape Coral Utilities

   c. Email: jpearson@capecoral.net

   d. Phone #: (239) 574-0709

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

   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

   If yes, please provide: *Please supply the name of the primary lobbyist making contacts regarding the request.*

   a. Name: Nick Matthews

   b. Firm: Becker & Polikoff

   c. Email: nmatthews@beckerlawyers.com

   d. Phone #: (813) 767-7656

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: City of Cape Coral

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

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

   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? Local Government

    If other (Please describe)

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

The purpose or goal would be to construct a Reclaimed Water Pipeline across the Caloosahatchee River that will allow the City of Ft. Myers to reduce harmful nutrient (i.e. nitrogen, phosphorus, etc.) discharges to the Caloosahatchee River and provide beneficial reclaimed water resources to the City of Cape Coral.

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		0
b. Other Salary and Benefits	○ Yes ◉ No		0
c. Expense/Equipment/Travel/Supplies/Other	○ Yes ◉ No		0
d. Consultants/Contracted Services/Study	○ Yes ◉ No		0

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		0
f. Expenses/Equipment/Travel/Supplies/Other	○ Yes ◉ No		0
g. Consultants/Contracted Services/Study	○ Yes ◉ No		0
Fixed Capital Construction/Major Renovation:			
h. Construction/Renovation/Land/Plan ning Engineering	◉ Yes ○ No		19,000,000
i. **¢h¢![w9v¦9{¢95**			19,000,000

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). Local Government (e.g. police, fire or local government buildings, local roads, etc.)

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:

Lee County Board of County Commissioners Letter of Support March 20, 2012. Charlotte Harbor National Estuary Program Letter of Support March 14, 2012. Inter-Local Agreement between the City of Cape Coral and Fort Myers September 21, 2018. Southwest Florida Regional Planning Council Letter of Support October 9, 2012

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:

Feasibility study done October 2008 by Black & Veatch, update for OPCC completed by AECOM October 5, 2017.

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? Click to Select

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	This project will protect the Caloosahatchee River watershed area from harmful pollutants presently being discharged by the Fort Myers South Wastewater Plant	Ecological field sampling and observation and survey local resident's awareness. Globally red tide and blue green algae issues would be minimized.
☐	Other (Please describe)		

19. Provide the total cost of the project for FY 2020-21 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:	0	*{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)	0	*{Automatic percentage calculation}*	○ Yes ◉ No *{ yes/no required for any positive answer in Amount}*
4. Local:	3,500,000	*{Automatic percentage calculation}*	◉ Yes ○ No *{ yes/no required for any positive answer in Amount}*
5. Other:	0	*{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 2020-21 over the next 5 years? Click to Select.....

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? Click to Select.....

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". Click to Select.....

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? Monthly City of Cape Coral Utility billing, CIAC, CFEC & Betterment fees.

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? N/A
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

The City of Cape Coral Utiliites Department 10-Year CIP, Page 2

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?

N/A

27. What is the status of planning? Ready

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? 100%

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? 09/30/2019

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? Not Ready

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? 0%

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? 12/31/2019

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

FDEP

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? Planned

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? Not Ready

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? 0%

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? 12/31/2023

Appropriations Project Request - Fiscal Year 2019-20

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Festival Park Amphitheater
2. Date of Submission: 10/04/2019
3. House Member Sponsor: Dane Eagle
   Members Copied:

4. **DETAILS OF AMOUNT REQUESTED:**
   a. Has funding been provided in a previous state budget for this activity? 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?
   d. Complete the following Project Request Worksheet to develop your request:

FY:	**Input Prior Year Appropriation for this project for FY 2018-19 (If appropriated in 2018-19 enter the appropriated amount, even if vetoed.)**			**Develop New Funds Request for FY 2019-20 (Requests for additional RECURRING funds 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**	**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:					1,000,000	1,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2019-20? No
   5a. If yes, which state agency?
   5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Environmental Protection.

   5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No
   5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Standard contract conditions

6. Requester:
   a. Name: Kerry Runyon
   b. Organization: City of Cape Coral, Parks and Recreation Department
   c. Email: krunyon@capecoral.net
   d. Phone #: (239)573-3110

7. Contact for questions about specific technical or financial details about the project:
   a. Name: Kerry Runyon
   b. Organization: City of Cape Coral, Parks and Recreation Department
   c. Email: krunyon@capecoral.net
   d. Phone #: (239)573-3110

8. Is there a registered lobbyist working to secure funding for this project?
   a. Name: Nick Matthews
   b. Firm: Becker and Poliakoff
   c. Email: nmatthews@beckerlawyers.com
   d. Phone #: (813)767-7656

9. Organization or Name of entity receiving funds:
   a. Name: City of Cape Coral
   b. County (County where funds are to be expended): Lee
   c. Service Area (Counties being served by the service(s) provided with funding): Charlotte, Collier, Glades, Hendry, Lee

10. What type of organization is the entity that will receive the funds? (Select one)
   ○ For Profit
   ○ Non Profit 501(c) (3)
   ○ Non Profit 501(c) (4)
   ◉ Local Government
   ○ University or College
   ○ Other (Please describe)

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

Phase I - provide potable, irrigation, and sewer resources to the site which will ultimately allow the City to develop the park further and will include design of an environmental center to provide environmental education, manatee protection, tourism, and a learning laboratory.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
☐a. Executive Director/Project Head Salary and Benefits		
☐b. Other Salary and Benefits		
☐c. Expense/Equipment/Travel/Supplies/Other		
☐d. Consultants/Contracted Services/Study		
Operational Costs:		
☐e. Salaries and Benefits		
☐f. Expenses/Equipment/Travel/Supplies/Other		
☐g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
☑h. Design/Renovation/Land/Planning Engineering	The funds will be utilized to design amphitheater, extend utilities, potable and irrigation water as well as sewer to the site	1,000,000
TOTAL		1,000,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category “h. Fixed Capital Outlay” was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- ○ For Profit
- ○ Non Profit 501(c) (3)
- ○ Non Profit 501(c) (4)
- ◉ Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- ○ State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- ○ Other (Please describe)

14. Is the project request an information technology project?

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

15a. Please Describe:

It was described in 2016 Parks Master Plan, community input meetings, current design phase of Festival Park.

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

16a. Please Describe:

Parks Master Plan

17. Will the requested funds be used directly for services to citizens? No

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

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit

☑Improve physical health	Provide the citizens of Cape Coral & surrounding communities an opportunity to participate in festival events, and social interaction.	Surveys of participants and visitors, community input meetings.
☐Improve mental health		
☑Enrich cultural experience	Citizens participating in many different opportunities like music, art, and culture.	Written feedback/survey.
☐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		
☑Increase or improve economic activity	Draw tourists to the community with this destination opportunity. This is currently happening.	Through ticket purchases for events.
☑Increase tourism	This will be a tourism destination as publicity grows and word of mouth begins. This is currently going and will expand with later phases of the	Through ticket purchases for events.

	project.	
☐Create specific immediate job opportunities		
☐Enhance specific individual's economic self sufficiency		
☐Reduce recidivism		
☐Reduce substance abuse		
☐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):		

19. Provide the total cost of the project for FY 2019-20 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	1,000,000	100%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No

4. Local:	0	0.0%	Yes
5. Other:	0	0.0%	No
TOTAL	1,000,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?
Yes

20a. How much state funding would be requested after 2019-20 over the next 5 years?
- ○<1M
- ◉1-3M
- ○>3-10M
- ○>10M

20b. How many additional years of state support do you expect to need for this project?
- ○1 year
- ◉2 years
- ○3 years
- ○4 years
- ○>= 5 years

20c. 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".
- ○ongoing activity – no total cost
- ○<1M
- ◉1-3M
- ○>3-10M
- ○>10M

21. What is the revenue source of ongoing operating funds?
City budget

22. Has local approval been given for ongoing operating funds?
Yes

23. 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

24. Has project been addressed in a local, regional, or state plan?
    Yes

    24a. If Yes, insert plan name and cite page numbers.
    The Parks Master Plan adopted December 5, 2016, pages 58, 59, 70, 84, 88, 100, 101, 109, 111, 112, 113,

25. Is the project for a financially disadvantaged community? (as defined in Chapter 62-552, F.A.C.)
    No

26. 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

27. What is the status of planning?
    - ○a. Not Ready
    - ⊙b. Ready

28. What percentage of the planning process has been completed?0

29. What is the estimated planning completion date?
    12/2021

30. What is the status of design?
    - ○a. Not Ready
    - ⊙b. Ready

31. What percentage of design has been completed?
    0

32. What is the estimated design completion date?
    12/2022

33. List all required permits.
    Water - Permit to Construct from the Health Department

34. What is the status of permitting?
    - ⦿a. Planned
    - ○b. Submitted
    - ○c. Received

35. What is the status of construction?
    - ○a. Ready
    - ⦿b. Not Ready

36. What percentage of construction has been completed?
    0

37. What is the estimated completion date of construction?12/31/2022

NOTE: PLEASE OPEN/EDIT/SAVE THIS FORM IN ADOBE ACROBAT OR READER DC. OPENING IN OTHER APPLICATIONS MAY RESULT IN THE INABILITY TO EDIT/SAVE AS INTENDED.

Appropriations Project Request - Fiscal Year 2020-21

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

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:** City of Cape Coral - North Well-field Expansion

   (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 2019-20 (If appropriated in FY 2019-20 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2020-21 (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:	0	0	*{Automatic Calculation}*	*{Automatic Calculation}*	10,000,000	*{Automatic Calculation}*

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? ○ 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?

   Florida Department of Environmental Protection

   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: The penalties that the City would risk would be jeopardizing any future endeavors or considerations from the State for funding opportunities. Also on a

6. Requester:

   a. Name: Jeff Pearson

   b. Organization: City of Cape Coral Utilities

   c. Email: jpearson@capecoral.net

   d. Phone #: 239-574-0709

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

   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

   If yes, please provide: *Please supply the name of the primary lobbyist making contacts regarding the request.*

   a. Name: Nick Matthews

   b. Firm: Becker & Polikoff

   c. Email: NMatthews@beckerlawyers.com

   d. Phone #: 813 767-7656

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: City of Cape Coral

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

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

   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? Local Government

    If other (Please describe)

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

Install five (5) groundwater production wells within the Upper Floridan Aquifer providing additional raw water capacity to ensure adequate supply to the City of Cape Coral's North Reverse Osmosis Plant Water Treatment Plant. Currently, at least five (5) existing water production wells are experiencing increasingly high chloride levels requiring pumping capacities to be significantly reduced (or shutdown) at those wells in order mitigate the potential impact on the plant & source water aquifer.

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		0
b. Other Salary and Benefits	○ Yes ◉ No		0
c. Expense/Equipment/Travel/Supplies/Other	○ Yes ◉ No		0
d. Consultants/Contracted Services/Study	○ Yes ◉ No		0

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		0
f. Expenses/Equipment/Travel/Supplies/Other	○ Yes ◉ No		0
g. Consultants/Contracted Services/Study	◉ Yes ○ No	Professional design and bid phase consulting services.	185,000
Fixed Capital Construction/Major Renovation:			
h. Construction/Renovation/Land/Plan ning Engineering	◉ Yes ○ No	Seismic, construction and CEI services.	9,815,000
i. **¢h¢![w9v¦9{¢95**			10,000,000

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). Local Government (e.g. police, fire or local government buildings, local roads, etc.)

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:

Water Science Associates, Stantec and RMA Geologic City of Cape Coral Comprehensive Update to Utilities, Water Supply, Storage & Disposal Programs

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? Click to Select

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	The project will enhance the efficiency of the City's North Reverse Osmosis Plant's overall water production operations.	Specific wellfield data, groundwater testing.
☐	Improve surface water quality		
☐	Other (Please describe)		

19. Provide the total cost of the project for FY 2020-21 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:	0	*{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)	0	*{Automatic percentage calculation}*	○ Yes ◉ No *{ yes/no required for any positive answer in Amount}*
4. Local:	1,410,695	*{Automatic percentage calculation}*	◉ Yes ○ No *{ yes/no required for any positive answer in Amount}*
5. Other:		*{Automatic percentage calculation}*	○ Yes ◉ No *{ yes/no required for any positive answer in Amount}*
¢2ú‧f			

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 2020-21 over the next 5 years? Click to Select.....

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? Click to Select.....

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". Click to Select.....

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? City of Cape Coral Utilities 10 Year CIP Plan, Page 2

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? N/A
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?

N/A

27. What is the status of planning? Ready

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? 100%

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? 04/30/2019

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? Ready

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? 50%

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? 12/31/2019

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

EPA, FDEP/FDOH (ERP), SWFMD (Water Use) and FDOT

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? Planned

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? Not Ready

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? 0%

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? 12/31/2022

NOTE: PLEASE OPEN/EDIT/SAVE THIS FORM IN ADOBE ACROBAT OR READER DC. OPENING IN OTHER APPLICATIONS MAY RESULT IN THE INABILITY TO EDIT/SAVE AS INTENDED.

Appropriations Project Request - Fiscal Year 2020-21

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

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:** Real-Time Crime Center

   (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? N/A

   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 2019-20 (If appropriated in FY 2019-20 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2020-21 (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:			*{Automatic Calculation}*	*{Automatic Calculation}*	250,000	*{Automatic Calculation}*

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? ○ 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?

   Florida Department of Law Enforcement

   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: The City would agree to negotiate repayment of funds if the project was canceled due to unforeseen circumstances.

6. Requester:

   a. Name: Chief David Newlan

   b. Organization: City of Cape Coral obo Cape Coral Police Department

   c. Email: dnewlan@capecoral.net

   d. Phone #: (239) 574-0623

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

   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

   If yes, please provide: *Please supply the name of the primary lobbyist making contacts regarding the request.*

   a. Name: Nicholas Matthews

   b. Firm: Becker and Poliakoff

   c. Email: nmatthews@beckerlawyers.com

   d. Phone #: (954) 985-4135

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: City of Cape Coral obo Cape Coral Police Department

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

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

   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? Local Government

    If other (Please describe)

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

As the City's population continues to grow, the Department must look to technology to assist in preventing and intervening in criminal activity. Having a Real-Time Crime Center will improve operational intelligence, facilitate emergency response, and increase the safety of law enforcement, as well as, the community as a whole. Having the necessary technology at the Department's fingertips allows the Department to utilize its resources more effectively and efficiently.

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	Hardware, software, and installation services.	250,000
g. Consultants/Contracted Services/Study	○ Yes ○ No		
Fixed Capital Construction/Major Renovation:			
h. Construction/Renovation/Land/Plan ning Engineering	○ Yes ◉ No		
i. **¢h¢![w9v¦9{¢95**			250,000

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). Local Government (e.g. police, fire or local government buildings, local roads, etc.)

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:

On July 29, 2019, City Council approved resolution 156-19, 2020 State Legislative Platform, representing the Real-Time Crime Center as a priority issue for the City of Cape Coral and Lee County.

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:

Key City personnel including but not limited the Chief of Police, Police Command Staff, and the IT Manager, toured existing Real-Time Crime Centers in Florida, conducted conference calls with other law enforcement agencies, as well as, vendors that specialize in Real-Time Crime Centers, to seek the necessary hardware, software and personnel needed to serve the City of Cape Coral.

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?

By having a Real-Time Crime Center, the Police Department will be able to direct its resources more effectively. The Police Department will have a centralized location encompassing access to all video surveillance systems, License Plate Readers, and the proper analytic software technology that not

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

The Department's vision is to become the premier law enforcement agency in Florida, striving to attain the highest level of safety of our community. Citizens rely on law enforcement to protect and serve the community. Having a Real-Time Crime Center will allow the Department to direct personnel and resources to crimes in progress, areas of increased crime, as well as, high populated public events.

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)
- [x] Victims of crime
- [x] General (The majority of funds will benefit no specific group)
- [x] Other

If Other, please describe: Potentially, surrounding cities and counties.

d. How many in the target population are expected to be served? >800

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.)	The City will see in increase in case clearance rates compared to the last three years.	Case classifications are entered and tracked in the Department's Records Management System. The crime analyst will conduct a performance measure report on a quarterly
☐	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 2020-21 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:		*{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)		*{Automatic percentage calculation}*	○ Yes ○ No *{ yes/no required for any positive answer in Amount}*
4. Local:	50,000	*{Automatic percentage calculation}*	◉ Yes ○ No *{ yes/no required for any positive answer in Amount}*
5. Other:		*{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 2020-21 over the next 5 years? Click to Select.....

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? Click to Select.....

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". ongoing activity - no total cost

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? Click to Select.....
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?

Click to Select.....

27. What is the status of planning? Click to Select.....

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? Click to Select.....

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? Click to Select.....

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? Click to Select.....

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?

NOTE: PLEASE OPEN/EDIT/SAVE THIS FORM IN ADOBE ACROBAT OR READER DC. OPENING IN OTHER APPLICATIONS MAY RESULT IN THE INABILITY TO EDIT/SAVE AS INTENDED.

Appropriations Project Request - Fiscal Year 2020-21

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

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:** City of Cape Coral Reservoir and Pipeline 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? FY18/FY19

   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 2019-20 (If appropriated in FY 2019-20 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2020-21 (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:		1,115,000	*{Automatic Calculation}*	*{Automatic Calculation}*	13,500,000	*{Automatic Calculation}*

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? ○ 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?

   Florida Department of Environmental Protection

   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: The penalties that the city would risk would be jeopardizing any future funding endeavors from the State. Also on a larger scale the penalties that the

6. Requester:

   a. Name: Jeff Pearson

   b. Organization: City of Cape Coral Utilities

   c. Email: jpearson@capecoral.net

   d. Phone #: (239) 574-0709

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

   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

   If yes, please provide: *Please supply the name of the primary lobbyist making contacts regarding the request.*

   a. Name: Nick Matthews

   b. Firm: Becker & Polikoff

   c. Email: nmatthews@beckerlawyers.com

   d. Phone #: (813) 767-7656

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: City of Cape Coral

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

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

   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? Local Government

    If other (Please describe) N/A

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

The City of Cape Coral has recognized a potential need to store surface water for use in the City's irrigation system beyond its two traditional supply sources (fresh water canals and reclaimed water). This effort will capture surface water, in large reservoirs, that otherwise would be released into the Gulf of Mexico. Another expected benefit of this project would be to alleviate the possibility of flooding caused by a natural disaster strike.

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		0
b. Other Salary and Benefits	○ Yes ◉ No		0
c. Expense/Equipment/Travel/Supplies/Other	○ Yes ◉ No		0
d. Consultants/Contracted Services/Study	○ Yes ◉ No		0

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		0
f. Expenses/Equipment/Travel/Supplies/Other	○ Yes ◉ No		0
g. Consultants/Contracted Services/Study	○ Yes ◉ No		0
Fixed Capital Construction/Major Renovation:			
h. Construction/Renovation/Land/Plan ning Engineering	◉ Yes ○ No	The funds would be used to construct a pump house and pipeline along US 41 to the City of Cape Coral's Gator Slough to hydrate the city's freshwater canal system in times of drought.	13,500,000
i. ¢h¢![w9v¦9{¢95			13,500,000

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). Local Government (e.g. police, fire or local government buildings, local roads, etc.)

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: N/A

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:

This project was presented and discussed at the June 15, 2016 Charlotte Harbor Flat-Woods Initiative public meeting and has garnered local support from many of the stakeholders participating.

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:

The need for the funds is documented in the report titled "Northeast Irrigation Reservoir Basis of Design, November 29, 2016 prepared by Tetra Tech, Inc. for the City of Cape Coral.

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? Click to Select

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	Restores historical water flows	Survey local resident's awareness
☐	Improve agricultural production/ promotion/education		
☐	Improve quality of education		
☑	Enhance/preserve/improve environmental or fish and wildlife quality	Extends Yucca Pens hydroperiod	Ecologist field sampling and observation
☑	Protect the general public from harm (environmental, criminal, etc.)	Extends Yucca Pens hydroperiod and controls flooding issues that may occur	Ecologist field sampling and observation and survey local resident's awareness
☐	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	Overall reservoir capital spending ($42M)	City of Cape Coral capital spending on the project
☑	Increase tourism	New ecotourism opportunities	Number of facility users
☑	Create specific immediate job opportunities	Reservoir operations and maintenance staff needed	Number of staff hired to operate and maintain
☐	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	Reservoir stores excess stormwater	Annual volume of water stored
☐	Improve groundwater quality		
☐	Improve drinking water quality		
☑	Improve surface water quality	Reservoir provides some treatment and flooding control	Water quality sampling
☑	Other (Please describe) Protection From Flooding After Hurricane or	Reservoir would provide flooding control	Annual volume of water stored

19. Provide the total cost of the project for FY 2020-21 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:	0	*{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)	0	*{Automatic percentage calculation}*	○ Yes ◉ No *{ yes/no required for any positive answer in Amount}*
4. Local:	500,000	*{Automatic percentage calculation}*	◉ Yes ○ No *{ yes/no required for any positive answer in Amount}*
5. Other:	0	*{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 2020-21 over the next 5 years? Click to Select.....

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? Click to Select.....

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". Click to Select.....

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? Monthly City of Cape Coral Utility billing

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? N/A
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

The City of Cape Coral Utiliites Department 10-Year CIP, Page 2

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?

N/A

27. What is the status of planning? Ready

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? 100%

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? 11/26/2016

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? Not Ready

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? 30%

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? 12/31/2019

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

SFWMD Water Use Permit, FDOT ROW Permit, Gopher Tortoise Conservation Permit

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? Planned

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? Not Ready

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? 0%

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? 12/31/2023

NOTE: PLEASE OPEN/EDIT/SAVE THIS FORM IN ADOBE ACROBAT OR READER DC. OPENING IN OTHER APPLICATIONS MAY RESULT IN THE INABILITY TO EDIT/SAVE AS INTENDED.

Appropriations Project Request - Fiscal Year 2020-21

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

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:** Public Safety Firearm Training Facility

   (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? 2019

   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 2019-20 (If appropriated in FY 2019-20 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2020-21 (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:			*{Automatic Calculation}*	*{Automatic Calculation}*	3,000,000	*{Automatic Calculation}*

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? ○ 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?

   Florida Department of Law Enforcement

   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: The City would agree to negotiate repayment of funds if the project was canceled due to unforeseen circumstances.

6. Requester:

   a. Name: Chief David Newlan

   b. Organization: City of Cape Coral obo Cape Coral Police Department

   c. Email: dnewlan@capecoral.net

   d. Phone #: (239) 574-0623

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

   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

   If yes, please provide: *Please supply the name of the primary lobbyist making contacts regarding the request.*

   a. Name: Nicholas Matthews

   b. Firm: Becker and Poliakoff

   c. Email: nmatthews@beckerlawyers.com

   d. Phone #: (954) 985-4135

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: City of Cape Coral obo Cape Coral Police Department

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

   c. Service Area (Counties being served by the service(s) provided with funding) Lee County, as well as potentially, Collier County and Hendry County

   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? Local Government

    If other (Please describe)

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

Request supporting the design and build a Public Safety Firearms Training Facility. This project will save the City minimally $250,000 per year in mobilization costs to use another facility. Firearms qualification standards must be met to prove firearm proficiency for an officer to maintain their certification. This is just one of many to ensure the safety of the community. A training facility will significantly increase officers' training that reaches beyond just firearms qualifications.

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	The design and construction of a Public Safety Gun Range of appropriate size and space, with necessary components, to meet the needs of law enforcement firearms training.	3,000,000
i. ¢h¢![w9v¦9{¢95			3,000,000

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). Local Government (e.g. police, fire or local government buildings, local roads, etc.)

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:

On September 17, 2018, City Council approved an annexation agreement providing land to use for public safety. Letters of support have been obtained from federal, state and local law enforcement agencies; agencies that would benefit directly and indirectly from the firearms training facility in Cape Coral. The Lee

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:

In 2016, the City contracted with an independent 3rd party to conduct a spatial needs assessment and concept site master planning study for a public safety training facility, which includes an outdoor gun range. The City will advertise a request for proposal (RFP) to conduct a feasibility study on the identified property acquired in September 2018

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?

Firearm proficiency is just one of many to ensure the safety of the community and the police officers. Currently, over 21 different law enforcement agencies share range time at the Lee County Sheriff's Office (LCSO) Gun Range. This greatly limits range time and availability to train as needed. One

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

The Department's vision is to become the premier law enforcement agency in Florida, striving to attain the highest level of safety of our community. Citizens rely on law enforcement to protect and serve the community. Having sworn personnel, with the skills, knowledge, and abilities, to handle a high stress situation means better protection for the general public, including our youth in schools

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
- [x] Grade school students
- [x] High school students
- [ ] University/college students
- [ ] Currently or formerly incarcerated persons
- [ ] Drug offenders (in criminal Justice)
- [ ] Victims of crime
- [x] 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? >800

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.)	Increased number of firearms training hours for officers at all levels, increasing proficiency and confidence in abilities.	Track the number of officers (including outside agencies) using the facility; track the number of hours each officer trains at the facility; Track the number of officers that pass firearms qualifications
☐	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 2020-21 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:		*{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)		*{Automatic percentage calculation}*	○ Yes ○ No *{ yes/no required for any positive answer in Amount}*
4. Local:	3,000,000	*{Automatic percentage calculation}*	◉ Yes ○ No *{ yes/no required for any positive answer in Amount}*
5. Other:		*{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 2020-21 over the next 5 years? Click to Select.....

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? Click to Select.....

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". ongoing activity - no total cost

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? Click to Select.....
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?

Click to Select.....

27. What is the status of planning? Click to Select.....

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? Click to Select.....

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? Click to Select.....

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? Click to Select.....

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?

Appropriations Project Request - Fiscal Year 2019-20

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Cape Coral Sirenia Vista Park - Design of Environmental Education Center
2. Date of Submission: 10/02/2019
3. House Member Sponsor: Dane Eagle
   Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

a. Has funding been provided in a previous state budget for this activity? 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?
d. Complete the following Project Request Worksheet to develop your request:

FY:	**Input Prior Year Appropriation for this project for FY 2018-19 (If appropriated in 2018-19 enter the appropriated amount, even if vetoed.)**			**Develop New Funds Request for FY 2019-20 (Requests for additional RECURRING funds 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**	**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:					650,000	650,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2019-20? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Environmental Protection

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Standard contract conditions

6. Requester:
   a. Name: Kerry Runyon
   b. Organization: City of Cape Coral, Parks and Recreation Department
   c. Email: krunyon@capecoral.net
   d. Phone #: (239)573-3110

7. Contact for questions about specific technical or financial details about the project:
   a. Name: Kerry Runyon
   b. Organization: City of Cape Coral, Parks and Recreation Department
   c. Email: krunyon@capecoral.net
   d. Phone #: (239)573-3110

8. Is there a registered lobbyist working to secure funding for this project?
   a. Name: Nick Matthews
   b. Firm: Becker and Poliakoff
   c. Email: nmatthews@beckerlawyers.com
   d. Phone #: (813)767-7656

9. Organization or Name of entity receiving funds:
   a. Name: City of Cape Coral
   b. County (County where funds are to be expended): Lee
   c. Service Area (Counties being served by the service(s) provided with funding): Charlotte, Collier, Glades, Hendry, Lee

10. What type of organization is the entity that will receive the funds? (Select one)
   ○ For Profit
   ○ Non Profit 501(c) (3)
   ○ Non Profit 501(c) (4)
   ◉ Local Government
   ○ University or College
   ○ Other (Please describe)

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

Phase I - provide potable, irrigation, and sewer resources to the site which will ultimately allow the City to develop the park further and will include design of an environmental center to provide environmental education, manatee protection, tourism, and a learning laboratory.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
☐a. Executive Director/Project Head Salary and Benefits		
☐b. Other Salary and Benefits		
☐c. Expense/Equipment/Travel/Supplies/Other		
☐d. Consultants/Contracted Services/Study		
Operational Costs:		
☐e. Salaries and Benefits		
☐f. Expenses/Equipment/Travel/Supplies/Other		
☐g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
☑h. Construction/Renovation/Land/Planning Engineering	The funds will be utilized to design environmental education center, extend utilities, potable and irrigation water as well as sewer to the site	650,000
TOTAL		650,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category "h. Fixed Capital Outlay" was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- ○ For Profit
- ○ Non Profit 501(c) (3)
- ○ Non Profit 501(c) (4)
- ⊙ Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- ○ State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- ○ Other (Please describe)

14. Is the project request an information technology project?

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

15a. Please Describe:

The requested funding in for Phase I (design of environmental center, sewer, irrigation, and potable resources) for the Park, which will ultimately allow the City to develop the park further to provide environmental education and manatee protection. In our City survey, environmental education ranked very high by our citizens in the overall Parks Master Plan.

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

16a. Please Describe:

The utility extension will provide for the City to create the benefits described above.

17. Will the requested funds be used directly for services to citizens?

Not directly, but will be used to construct and environmental education center to provide services to citizens of Cape Coral and surrounding counties throughout Florida.

18. 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

☑Improve physical health	Improved knowledge of environmental issues facing Southwest Florida, camps for children. Increased knowledge when the Environmental Center is developed in a later phase	Surveys of participants and visitors.
☐Improve mental health		
☑Enrich cultural experience	Learning about Southwest Florida environment. Tours are currently going on and will continue.	Written feedback/survey.
☑Improve agricultural production/promotion/education	Education will be a part of the Environmental Education Center activity when the later phase is completed.	Survey.
☑Improve quality of education	Camps/after school activities will provide new learning opportunities.	Written feedback before and after camp session.
☑Enhance/preserve/improve environmental or fish and wildlife quality	Preserves the wildlife habitat including the manatee.	Counting numbers of manatees visiting the site on a monthly basis.
☐Protect the general public from harm (environmental, criminal, etc.)		
☐Improve transportation conditions		
☑Increase or improve economic activity	Draw tourists to the community with this destination opportunity. This is currently happening at other park locations within Cape Coral.	Visitors can not only sign the guest book indicating where they are from.
☑Increase tourism	This will be a tourism destination as publicity grows and word of mouth begins. This is currently going and will expand with later phases of the project.	Visitors can not only sign the guest book indicating where they are from, they will be able to sign up for environmental education classes in Rec Trac

☐Create specific immediate job opportunities		
☐Enhance specific individual's economic self sufficiency		
☐Reduce recidivism		
☐Reduce substance abuse		
☐Divert from Criminal/Juvenile justice system		
☑Improve wastewater management	Not having a septic system which could cause leeching.	Having a closed system will ensure waste water containment.
☐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 2019-20 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	650,000	92.9%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No

4. Local:	50,000	7.1%	Yes
5. Other:	0	0.0%	No
TOTAL	700,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?
Yes

20a. How much state funding would be requested after 2019-20 over the next 5 years?
- ○ <1M
- ◉ 1-3M
- ○ >3-10M
- ○ >10M

20b. How many additional years of state support do you expect to need for this project?
- ○ 1 year
- ◉ 2 years
- ○ 3 years
- ○ 4 years
- ○ >= 5 years

20c. 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".
- ○ ongoing activity – no total cost
- ○ <1M
- ◉ 1-3M
- ○ >3-10M
- ○ >10M

21. What is the revenue source of ongoing operating funds?
City budget

22. Has local approval been given for ongoing operating funds?
Yes

23. 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

24. Has project been addressed in a local, regional, or state plan?
    Yes

    24a. If Yes, insert plan name and cite page numbers.
    The Parks Master Plan adopted December 5, 2016, pages 24, 29, 31, 60, 65, 80, and 96.

25. Is the project for a financially disadvantaged community? (as defined in Chapter 62-552, F.A.C.)
    No

26. 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

27. What is the status of planning?
    - ● a. Ready
    - ○ b. Not Ready

28. What percentage of the planning process has been completed?
    0

29. What is the estimated planning completion date?
    6/30/2019

30. What is the status of design?
    - ○ a. Ready
    - ⊙ b. Not Ready

31. What percentage of design has been completed?
    20

32. What is the estimated design completion date?
    11/30/2019

33. List all required permits.
    Water - Permit to Construct from the Health Department

34. What is the status of permitting?
    - ⦿ a. Planned
    - ○ b. Submitted
    - ○ c. Received

35. What is the status of construction?
    - ○ a. Ready
    - ⦿ b. Not Ready

36. What percentage of construction has been completed?
    0

37. What is the estimated completion date of construction?
    11/30/2020

RESOLUTION 156 - 19

A RESOLUTION OF THE CITY OF CAPE CORAL ESTABLISHING THE 2020 STATE LEGISLATIVE PLATFORM FOR THE CITY OF CAPE CORAL; PROVIDING AN EFFECTIVE DATE.

WHEREAS, the City Council of the City of Cape Coral desires to establish a 2020 State Legislative Platform to communicate the City's position on various State legislative issues that may affect the City and or other municipalities; and

WHEREAS, the 2020 State Legislative Platform serves as a tool to communicate the City's legislative initiatives to the State Legislature and the citizens of Cape Coral; and

WHEREAS, the City Administration has prepared for Council's consideration the 2020 Legislative Initiatives as its State Legislative Platform.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF CAPE CORAL, FLORIDA, AS FOLLOWS:

SECTION 1. *STATE LEGISLATIVE PLATFORM.* The City of Cape Coral, Florida, hereby adopts as its State Legislative Platform the 2020 Legislative Initiatives attached hereto as Exhibit A.

SECTION 2. *AMENDMENTS.* The aforementioned State Legislative Platform may be revised and amended from time to time by adoption of a Resolution.

SECTION 3. *DISTRIBUTION.* The City Manager or his designee is hereby authorized to provide a copy of the State Legislative Platform to the City's elected State Representatives and other stakeholders.

SECTION 4. *EFFECT OF ADOPTION OF RESOLUTION.* The adoption of this Resolution shall provide direction for City Representatives and stakeholders to interact throughout the legislative process to move forward the City's Legislative Initiatives for 2020 to ensure the City's fiscal, operational and quality of life interests are represented on behalf of the Citizens of Cape Coral. The identified initiatives represent the priority issues at the State level but are not meant to represent a complete list of issues upon which the City will take a specific stand. Often a piece of legislation, rule, issue or policy will require additional advocacy efforts.

SECTION 5. This Resolution shall take effect immediately upon its adoption.

ADOPTED BY THE CITY COUNCIL OF THE CITY OF CAPE CORAL AT ITS REGULAR COUNCIL SESSION THIS _____ DAY OF _____, 2019.

_____
JOE COVIELLO, MAYOR

VOTE OF MAYOR AND COUNCILMEMBERS:

COVIELLO	_____	NELSON	_____
GUNTER	_____	STOKES	_____
CARIOSCIA	_____	WILLIAMS	_____
STOUT	_____	COSDEN	_____

ATTESTED TO AND FILED IN MY OFFICE THIS _____ DAY OF _____, 2019.

_____
KIMBERLY BRUNS , CMC
CITY CLERK

APPROVED AS TO FORM:

Dolores D. Menendez
DOLORES D. MENENDEZ
CITY ATTORNEY
res/Legislative Initiatives-State 2020

City of Cape Coral

2020 STATE LEGISLATIVE INITIATIVES

ABOUT CAPE CORAL: The City of Cape Coral is situated on the Gulf Coast of Southwest Florida. With a population of 189,000, it is the largest city between Tampa and Miami and the 8th most populous in Florida. Its area of more than 120 square miles makes Cape Coral the 3rd largest Florida city by land mass. Designed and developed as a "waterfront wonderland," Cape Coral is home to more than 400 miles of waterways and 27 miles of shoreline.

INTRODUCTION: The City's state legislative platform summarizes the City's legislative priorities and is consistent with the City's long-term strategic vision which focuses on our commitment to the residents we serve. The purpose of the platform is to set forth the City's legislative objectives and provide direction for our advocates as they work to secure support and resources for our community. Advocacy efforts are made to ensure the City's fiscal, operational, and quality of life interests are represented on behalf of the citizens of Cape Coral.

GUIDING PRINCIPLES

Protect Local Control

Support measures that protect the rights of Florida citizens to govern themselves under the municipal Home Rule powers conferred by the Florida Constitution, including measures that preserves the City's local authority as a charter city to enact policy pertaining to local affairs and opposition to measures that seek to preempt local control without concurrence of the City.

Preserve and Maintain Fiscal Responsibility

Support measures that preserve and maintain the City's fiscal stability, predictability and financial independence. These measures include:

- Efforts that preserves the City's ability to provide core services and deliver programs that foster a safe community, and
- Efforts that allow investment in community infrastructure to enhance the city's ability to meet the needs of its current and future residents and businesses, and
- Efforts that promote efficient and cost-effective solutions to protect and conserve natural resources and promotes environmental awareness and sustainability.

Support Funding Opportunities

Support measures that allow the City to compete for its fair share of regional, state and federal funding. Support initiatives that promote dedicated funding streams to cities for critical service areas.

Collaborate with Regional Partners

Support opportunities to work collaboratively with local and regional partners on areas of mutual interest. Maintain strong relationships with other municipalities, the county and local transportations agencies, specials districts, regional government agencies, local elected officials and school districts.

LEGISLATIVE INITIATIVES

Local Self-Government

In alliance with the Florida League of Cities and municipalities across the state, the City of Cape Coral supports legislative efforts to strengthen and protect the rights of Florida citizens to govern themselves under the municipal Home Rule powers conferred by the Florida Constitution.

The Florida constitution empowers citizens with the right of local self-government, or Home Rule. As the only form of voluntary government, Florida's municipalities are the embodiment of this right. A city is created by its citizens to provide additional functions and services for the benefit of the community. Local citizens develop a charter to specify the form, functions and power of their city government. The incorporation and city charter are approved by voters in a local referendum.

Home Rule authorizes all governmental, corporate and proprietary powers necessary to conduct municipal government, perform municipal functions, and render municipal services. Home Rule is why no two cities are alike. City residents take pride in this diversity and responsibility. Strong Home Rule powers ensure that government stays close to the people it serves. Intrusion on Home Rule from the state or federal government undermines the constitutional right of citizens to govern themselves.

Environmental, Energy, Natural Resources

The City of Cape Coral SUPPORTS legislation that promotes healthy communities and economic prosperity through the protection of the region's air, land, water and the city's other natural resources and open space. Resources for research, for state and local governments improvements and infrastructure projects to develop, test and implement technologies and processes to prevent and mitigate the effects of harmful algal blooms; support legislation and request state funds to address the needs to develop water, air and soil criteria, regulatory healthy levels and comprehensive sampling and analysis protocols for Harmful Algal Blooms toxins, such as cyanotoxins (Blue Green Algae) and brevetoxins (Karenia brevis); support legislation and funding to monitor, forecast and predict Harmful Algal Blooms for the public health and safety.

The City of Cape Coral SUPPORTS legislation to provide long-term, recurring and adequate state funding, that is distributed throughout the state based on objective criteria, for local government water resource and water quality improvement projects and infrastructure, including, but not limited to, projects that: reduce nutrient and pollutant loading from wastewater sources; mitigate storm water and flooding impacts; and increase available water resources and supplies.

Support comprehensive legislation to address the state's growing water resource and water quality infrastructure deficit relating to water supply, wastewater treatment and disposal, stormwater management, and water quality protection. Such legislation should address: annual assessment by the state of state, regional and local water resource and water quality infrastructure improvement needs; development of short, intermediate and long-term strategies to meet identified needs; objective funding criteria and methodologies; and establishment of a dedicated and recurring source of state funding to meet current and projected needs.

Growth Management, Urban Administration, Economic Affairs	The City of Cape Coral SUPPORTS legislation that designate resources solely for the unique problems facing pre-platted cities and provides property owners and local governments additional tools including funding with which to address challenges posed by antiquated subdivisions. The City of Cape Coral SUPPORTS legislation to improve municipalities' use of community redevelopment agencies to effectively carry out redevelopment and community revitalization including legislation that safeguards the intent and elements cited in Florida Statute Chapter 163.3 known as the Community Redevelopment Act of 1969.
Finance, Taxation, Personnel	The City of Cape Coral requests continued support for future Florida Department Environmental Protection (FDEP) State Revolving Fund (SRF) loans. Securing the FDEP Clean Water and Drinking Water loans is key to funding utility infrastructure projects. The City of Cape Coral SUPPORTS legislation that will allow for the collection of Florida Statute Chapter 175 monies in exchange for providing Fire protection to a Municipal Services Taxing Unit (MSTU). The City SUPPORTS legislation that authorizes a local option sales tax on alcoholic beverages in establishments licensed to sell alcoholic beverages or at special events held within the municipality for which 100% of the tax proceeds will be used to fund Public Safety expenditures in support of Economic Development, a commerce within the municipality.
Local Funding Requests	Sirenia Vista Environmental Park Phase I – Design, Permitting of Environmental Center including utilities - $650,000 Festival Park Amphitheatre – Design and Permitting for construction of amphitheater - $1,000,000 Surface Water Reservoir Project – Design and Permitting for the construction of pipeline - $8,000,000 Caloosahatchee River Crossing Project – Construction of Pipeline - $4,000,000 Public Safety Training Facility – Design Build of Gun Range - $8,300,000 Real-Time Crime Center – To include all hardware and software - $300,000
Grants	The City requests SUPPORT for the funding of various needs, especially those related to water quality improvement, public safety, transportation and other quality of life issues.

NOTE: Adoption of this document does not preclude consideration of additional Advocacy for other legislative matters that may arise in the future.