

# The Florida House of Representatives

## Appropriations Project Request - Fiscal Year 2024-25

### For projects meeting the definition of House Rule 5.14

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

1. **Title of Project:**
2. **Date of Submission:**
3. **House Member Sponsor:**
4. **Details of Amount Requested:**
  - a. Has funding been provided in a previous State budget for this activity?    Yes    No
  - 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    If vetoed, check if recurring and/or nonrecurring funds:    **Recurring**    **Nonrecurring**
  - d. Complete the following Project Request Worksheet to develop your request.

FY:	Input Prior Year Appropriation for this project for FY 2023-24 <i>(If appropriated in FY 2023-24 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2024-25 <i>(Requests for additional RECURRING funds in Column E are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated	Recurring Base Budget	Additional Nonrecurring Request	<b>TOTAL</b> Recurring Base Budget + Additional Nonrecurring
Input Amounts						

# The Florida House of Representatives

## Appropriations Project Request - Fiscal Year 2024-25

e. Provide the total cost of the project for FY 2024-25 from all sources of funding (Enter "0" if amount is zero):

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

5. Is this a multi-year project requiring funding from the state for more than one year?    Yes    No

a. How much state funding would be requested after 2024-25 over the next 5 years?

b. How many additional years of state support do you expect to need for this project?

c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select "ongoing activity".

# The Florida House of Representatives

## Appropriations Project Request - Fiscal Year 2024-25

---

6. Which is the most appropriate state agency to place an appropriation for the issue requested?

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

7. Requester:

- a. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_
- b. Organization: \_\_\_\_\_
- c. Email: \_\_\_\_\_
- d. Phone #: \_\_\_\_\_

8. Contact for questions about specific technical or financial details about the project.

- a. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_
- b. Organization: \_\_\_\_\_
- c. Email: \_\_\_\_\_
- d. Phone #: \_\_\_\_\_

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

- a. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_
- b. Firm: \_\_\_\_\_
- c. Email: \_\_\_\_\_
- d. Phone #: \_\_\_\_\_

# The Florida House of Representatives

## Appropriations Project Request - Fiscal Year 2024-25

---

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

# The Florida House of Representatives

## Appropriations Project Request - Fiscal Year 2024-25

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

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

# The Florida House of Representatives

## Appropriations Project Request - Fiscal Year 2024-25

---

14. For Fixed Capital Costs requested in Question 13, what type of ownership will the facility be under when complete?

If other, please describe:

15. Is the project request an information technology project?                      Yes      No                      **Water projects skip to #16**
- a. Will this information technology project be managed within a state agency to support state agency program goals?      Yes      No
  - b. What is the total cost (all years) to design and build the project?
  - c. What are the ongoing (annual recurring) maintenance and operation costs once the project is completed?
  - d. Can the state agency fund the ongoing annual recurring costs within its current operating budget?      Yes      No
  - e. What are the specific business objectives or needs the IT project is intended to address?
  - f. Based upon the identified business objectives or needs, what are the success factors that must be realized in order for the state agency to consider the proposed IT project a success?
16. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing or other expressions of support?      Yes      No  
Please describe:
17. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?      Yes      No  
Please describe:

# The Florida House of Representatives

## Appropriations Project Request - Fiscal Year 2024-25

---

18. Will the requested funds be used directly for services to citizens?      Yes      No      *Water projects skip to #19*

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                    | Drug users (in health services)                                |
| Persons with poor mental health    | Preschool students   |
| Persons with poor physical health  | Grade school students  |
| Jobless persons                    | High school students   |
| Economically disadvantaged persons | University/College students                                    |
| At-risk youth                      | Currently or formerly incarcerated persons                     |
| Homeless                           | Drug offenders (in criminal Justice)                           |
| Developmentally disabled           | Victims of crime   |
| Physically disabled                | General (The majority of funds will benefit no specific group) |
| Other, please describe:            |  |

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

# The Florida House of Representatives

## Appropriations Project Request - Fiscal Year 2024-25

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

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit or outcome
Improve physical health		
Improve mental health		
Enrich cultural experience		
Improve agricultural production/ promotion/education		
Improve quality of education		
Enhance/preserve/improve environmental or fish and wildlife quality		
Protect the general public from harm (environmental, criminal, etc.)		



# The Florida House of Representatives

## Appropriations Project Request - Fiscal Year 2024-25

---

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit or outcome
Improve transportation conditions		
Increase or improve economic activity		
Increase tourism		
Create specific immediate job opportunities		
Enhance specific individual's economic self sufficiency		
Reduce recidivism		
Reduce substance abuse		

# The Florida House of Representatives

## Appropriations Project Request - Fiscal Year 2024-25

---

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

# The Florida House of Representatives

## Appropriations Project Request - Fiscal Year 2024-25

---

**The questions below are additional questions for water projects only**

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