

**Community Budget Issue Request**1. Project Title: A Program for Hurricane Intensity Forecast Improvements and Impacts Projections (HiFi) Regional Project Office2. Member Sponsor(s) Name: Representative Elynn Bogdanoff District No. (s): 913. What statewide interest does this project address as it relates to Chapter 216.052(1)? Hurricanes can cause billions of dollars of damage to Florida communities and can threaten the lives, homes, and businesses of Florida citizens. Improved hurricane intensity forecasts and impact projections can reduce damages by providing early and accurate warnings and increased the time available to make necessary preparations and avoiding false alarms.**4. Requester:**Name: Dean Richard E Dodge, Dr. Alex Soloviev, and Tom Gustafson Organization: Nova Southeastern University Oceanographic Center**5. Recipient:**Name: Nova Southeastern University Oceanographic Center Street: 8000 North Ocean DriveCity: Dania Beach, Florida Zip Code: 33004-3078Counties: Broward Gov't Entity  or Private Organization (Profit/**Not for Profit**) **YES** **6. Contact:**Name: Dean Richard E. Dodge Phone #: 954 262-3651 e-mail: dodge@nova.edu7. **Project Description:** (Include services to be provided) Provide Regional Project Office basic services for the HiFi Program (see HiFi Web Site at: <http://www.nova.edu/ocean/hifi/>)8. Is this project related to a federal or state declared disaster? Yes  **No X** 

8a. If yes, which declared disaster? \_\_\_\_\_

8b. If yes, what year?: \_\_\_\_\_

9. **Measurable Outcome Anticipated :** The closer involvement of Florida research institutions in a national undertaking which will reduce the threat of hurricanes by providing earlier and more accurate hurricane warnings.10. Amount you are requesting from the State for this project this year? Amount Requested: 11. Total cost of project this year: 12. Is this request being made to fund (check all that apply): **Operations YES**  Construction 13. What type of match exists for this request? Local  **Private YES**  Federal13a. Enter all amounts that apply: Total Cash Amount  Total In Kind Amount 14. Was this project previously funded by the State? Yes  **No X** 14a. If yes, most recent Fiscal Year \_\_\_\_\_ (eg. 2002-2003) Amount: 15. Is future-year funding likely to be requested? **Yes X**  No 15a. If yes, how much? 15b. Purpose for future year funding: **Recurring Operations YES**  Non-Recurring Construction 16. Will this be an annual request? **Yes X (ten year program term)**  No 17. Was this project included in an Agency Budget Request? Yes  **No X** 17a. If yes, name the Agency: NA18. Was this project included in the Governor's Recommended Budget? Yes  **No X**  Unknown19. Is there documented need for this project? **Yes X**  No 19a. If yes, what is the documentation? (eg: LRPP, Agency Needs Assessment, etc.) NSB Report 12.01.2006 entitled "Hurricane Warning: The Critical Need for National Hurricane Research" at [http://www.nsf.gov/nsb/committees/hurricane/pre\\_publication.pdf](http://www.nsf.gov/nsb/committees/hurricane/pre_publication.pdf) and the above HiFi Web Site.20. Was this project request heard before a publicly-noticed meeting of a body of elected officials (municipal, county, or state)? **Yes X**  No20a. If yes, name the Body: The Seventh Florida COOS Caucus meeting at FSU in Tallahassee on September 18, 2006  
(<http://www.marine.usf.edu/flcoos/fcc7.html>)21. Is this a water project under s. 403.885, F.S.? Yes  **No X** (See [http://www.dep.state.fl.us/water/waterprojectfunding/2007/wpf\\_2007\\_main.htm](http://www.dep.state.fl.us/water/waterprojectfunding/2007/wpf_2007_main.htm) for more information including historical funding)

If Yes, please complete Page 2

***IMPORTANT: ATTACH APPROPRIATE SUPPORTING DOCUMENTATION FOR THIS CBIRS REQUEST***

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**21a.** Is the project eligible under section 403.885(2), F. S., to protect public health or the environment; and implement plans developed pursuant to the Surface Water Improvement and Management Act created in part IV of Chapter 373, F.S., other water restoration plans required by law, management plans prepared pursuant to s. 403.067, F.S., or other plans adopted by local government for water quality improvement and water restoration?      Yes       No

**22.** Is your project addressed in a state, regional or local plan (such as a SWIM Plan, Comprehensive Plan, Local Master Plan, etc.)?  
Yes       No

**22a.** If yes, name the plan and cite the pages on which the project is described State Comprehensive Plan FS 187.201(21)  
\_\_\_\_\_

**23. Are you requesting funding for a stormwater, surface water restoration, or other water management project?** Yes       No

**23a.** In which Water Management Districts area is your project located? \_\_\_\_\_

**23b.** Have you provided at least a 50% match (that is, one-half the total project cost identified in this request)?    Yes       No

**23c.** If yes, identify the amount and source of any match being provided:    Amount \$ \_\_\_\_\_      Source: \_\_\_\_\_

**23d.** Will this project reduce pollutant loadings to a water management district designated “priority” surface water body?    Yes       No

(See [www.dep.state.fl.us/water/waterprojectfunding/WMDprioritywaters.htm](http://www.dep.state.fl.us/water/waterprojectfunding/WMDprioritywaters.htm) for list of priority water bodies.)

**23e.** If yes, name the water body: \_\_\_\_\_

**23f.** If yes, describe, specifically, how it will reduce loadings, identify anticipated load reductions for total suspended solids, total nitrogen, total phosphorus, and other contaminants, and specify the practices that will be used to reduce loadings: \_\_\_\_\_

**23g.** Is the project under construction?    Yes       No

**24. Are you requesting funding for a wastewater project?**    Yes       No

**If yes, answer the following:**

**24a.** Does your project qualify for funding from DEP’s “Small Community Wastewater Treatment Grant Program” under section 403.1838, F.S.?  
Yes       No       (See [www.dep.state.fl.us/water/wff/cwsrf/smalcwgp.htm](http://www.dep.state.fl.us/water/wff/cwsrf/smalcwgp.htm) for information)

**24b.** If yes, have you received or applied for funding?    Yes       No

**24c.** If yes, provide the DEP Disadvantaged Small Community Grant project number \_\_\_\_\_

**24d.** Have you received or applied for funding for this project from DEP’s State Revolving Fund (SRF) program under section 403.1835, F.S.?  
Yes       No       (See [www.dep.state.fl.us/water/wff/cwsrf/index.htm](http://www.dep.state.fl.us/water/wff/cwsrf/index.htm) for information)

**24e.** If yes, provide the DEP SRF project number \_\_\_\_\_

**24f.** Is the project under construction?    Yes       No

**24g.** Have you provided at least a 25% match (that is, one-quarter the total project cost identified in this request)?    Yes       No

**24h.** If yes, identify the amount and source of the match:    Amount \$ \_\_\_\_\_      Source: \_\_\_\_\_

**25. Are you requesting funding for a drinking water project?**    Yes       No

**If yes, answer the following:**

**25a.** Have you received or applied for funding for this project from DEP’s State Revolving Fund (SRF) program under section 403.8532, F.S.?  
Yes       No       (See [www.dep.state.fl.us/water/wff/dwsrf/index.htm](http://www.dep.state.fl.us/water/wff/dwsrf/index.htm) for information)

**25b.** If yes, provide the DEP SRF project number \_\_\_\_\_

**25c.** Is the project under construction?    Yes       No

**25d.** Have you provided a match?    Yes       No

**25e.** If yes, identify the amount and source of the match:    Amount \$ \_\_\_\_\_      Source: \_\_\_\_\_