Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: City of Miami Gardens - N.W. 203rd Street Outfall Project

2. Date of Submission: 02/02/2017

3. House Member Sponsor: Barbara Watson

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
- 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 (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 (If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2017-18 (Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring.)		
Column:	А	В	С	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 Request (Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)
Input Amounts:					175,000	175,000

5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2017-18? 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? 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. Department of Environmental Protection

- 6. Requester:
 - a. Name: O. Tom Ruiz
 - b. Organization: <u>City of Miami Gardens</u> c. Email: truiz@miamigardens-fl.gov
 - d. Phone #: (305)622-8000
- 7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
 - a. Name: O. Tom Ruiz
 - b. Organization: <u>City of Miami Gardens</u> c. Email: truiz@miamigardens-fl.gov
 - d. Phone #: (305)622-8000
- 8. If there is a registered lobbyist, fill out the lobbyist information below.
 - a. Name: Yolanda Cash
 - b. Firm: Becker & Poliakoff
 - c. Email: yjackson@becker-poliakoff.com
 - d. Phone #: (954)985-4132
- 9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):
 - a. Name: City of Miami Gardens
 - b. County (County where funds are to be expended): Miami-Dade
 - c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade
- 10. What type of organization is the entity that will receive the funds? (Select one)
 - O For Profit
 - O Non Profit 501(c) (3)
 - O Non Profit 501(c) (4)
 - Local Government

	O University or College		
	O Other (Please describe)		
11. \	What is the specific purpose or goal that will be achieved by the fur	nds being requested?	
	The funds will be used to construct the drainage outfall project.		
12.	Provide specific details on how funds will be spent. (Select all	that apply)	
	Spending Category	Description	Nonrecurring (Should equal 4d, Col. F Enter ?0? if request is zero for

		(Should equal 4d, Col. F) 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	Construction	175,000
TOTAL		175,000

^{13.} For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

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ONon Profit 501(c) (3)

ONon Profit 501(c) (4)

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

OState agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

OOther (Please describe)

14. Is the project request an information technology project?

<u>N/A</u>

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?

<u>Yes</u>

15a. Please Describe:

This project will reduce the amount of debris/litter/vegetation that end up into the Snake Creek Canal due to four unneccesary ditches that will be replaced by solid piping allowing the water to flow directly to the Snake Creek Canal (C-9) in the Andover/Coconut Cay community, which is supported by the surrounding communities.

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:

NW 203 Street Outfall Modification Feasibility Study

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

N/A

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select all 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	Water Standing can create Zika	No standing Water

□Improve mental health		
□Enrich cultural experience		
□Improve agricultural production/promotion/education		
□Improve quality of education		
☑Enhance/preserve/improve environmental or fish and wildlife quality	Eliminating-debris flow into canal	No debris flow
☑Protect the general public from harm (environmental, criminal, etc.)	Existing ditches to be eliminated	No overgrowth of vegetation
□Improve transportation conditions		
□Increase or improve economic activity		
□Increase tourism		
☑Create specific immediate job opportunities	Bid contains local preference	Post bid contract follow-up with contractor
□Enhance specific individual?s economic self sufficiency		
□Reduce recidivism		
□Reduce substance abuse		
□Divert from Criminal/Juvenile justice system		
□Improve wastewater management		
☑Improve stormwater management	Eliminating the ditches	No more maintenance of overgrowth
☑Improve groundwater quality	Eliminating-debris flow into canal	No debris flow
☑Improve drinking water quality	Eliminating-debris flow into canal	No debris flow

☑Improve surface water quality	Eliminating-debris flow into canal	No debris flow
☑Other (Please describe): Alleviate Flooding Conditions and reduce contaminants.	Eliminating the ditches can eliminate future flooding issues	Eliminating the ditches can eliminate future flooding issues.

19. Provide the total cost of the project for FY 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
Amount Requested from the State in this Appropriations Project Request:	175,000	31.1%	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:	387,391	68.9%	Yes
5. Other:	0	0.0%	No
TOTAL	562,391	100%	

- 20. Is this a multi-year project requiring funding from the state for more than one year? $\underline{\text{No}}$
- 21. What is the revenue source of ongoing operating funds? Stormwater Funds
- 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. Local Mitigation Strategy
25.	Is the project for a financially disadvantaged community? No
26.	What is the population economic status? Oa. Financially Disadvantaged Municipality Ob. Rural Area of Critical Economic Concern Oc. Rural Community Experiencing Economic Distress Od. N/A
27.	What is the status of planning? ⊙a. Ready ○b. Not Ready
28.	What percentage of the planning process has been completed 100%
29.	What is the estimated planning completion date? N/A
30.	What is the status of design?
31.	What percentage of design has been completed? 100%
32	What is the estimated design completion date?

33. List all required permits.

Miami-Dade County DERM and South Florida Water Management District

- 34. What is the status of permitting?
 - ⊙a. Planned
 - Ob. Submitted
 - Oc. Received
- 35. What is the status of construction?
 - ⊙a. Ready
 - Ob. Not Ready
- 36. What percentage of construction has been completed?

 None
- 37. What is the estimated completion date of construction? August 2018