Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Miami Gardens Neighborhood Swale Regrading

2. Date of Submission: 02/03/2017

3. House Member Sponsor: Sharon Pritchett

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:	Α	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:					20,000	20,000

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: <u>truiz@miamigardens-FL.gov</u>
 - 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: <u>Yolanda Cash</u> 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

0	Univer	sity or College
0	Other	(Please describe)

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

The funds will be used to re-grade swales that will capture polluted stormwater runoff, retain this runoff and filter the captured water before it enters the aquifer system. In addition, it will also reduce flooding, therefore reduce damage and potential loss of property.

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 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	20,000
TOTAL		20,000

Fix	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. ed Capital Outlay? was not selected, question 13 is not applicable) © For Profit ONon Profit 501(c) (3) ONon Profit 501(c) (4) OLocal 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 tc.) OOther (Please describe)
14.	Is the project request an information technology project? N/A
	Is there any documented show of support for the requested project in the community including public hearings, letters of support, major anizational backing, or other expressions of support? Yes
	15a. Please Describe: Community complaint about water puddling on the road due to swale areas being too high causing the water to remain on the road and driveway approaches. The community is in favor of this project in order to minimize the flooding on the roads and approaches.
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: Flooding problems are addressed under the Stormwater Master Plan and this is another Best Management Practices to minimize flooding
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)

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

☑Improve physical health	Water standing breeding Zika	No standing water on roads and
	carrying mosquitoes.	swales.
□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	No standing water.	No standing water on roads or swales.
□Increase or improve economic activity		
□Increase tourism		
☑Create specific immediate job opportunities	Bid contains local preferences.	Follow up with the Contractor's contract.
□Enhance specific individual?s economic self sufficiency		
□Reduce recidivism		
□Reduce substance abuse		
□Divert from Criminal/Juvenile justice system		
□Improve wastewater management		
☑Improve stormwater management	Assist swale in treating water	No water on roads or swales

☑Improve groundwater quality	Assist swale in treating water	No water on roads or swales	
☑Improve drinking water quality	Assist swale in treating water	No water on roads or swales	
☑Improve surface water quality	Assist swale in treating water	No water on roads or swales	
☑Other (Please describe): Alleviate Flooding Conditions and reduce contaminants.	Removing the water from the road and treating in the swales.	No flooding on the roads and swales	

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	20,000	90.9%	N/A
Project Request:			
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d,	0	0.0%	No
Column F)			
4. Local:	20,000	9.1%	Yes
5. Other:	0	0.0%	No
TOTAL	40,000	100%	

- 20. Is this a multi-year project requiring funding from the state for more than one year? No
- 21. What is the revenue source of ongoing operating funds? Storm Water Funds
- 22. Has local approval been given for ongoing operating funds? $\underline{\text{Yes}}$

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? ②a. 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?
28.	What percentage of the planning process has been completed 100%
2 9.	What is the estimated planning completion date? N/A
30.	What is the status of design? Oa. Ready ⊙b. Not Ready

- 31. What percentage of design has been completed? 0%
- 32. What is the estimated design completion date? January 2018
- 33. List all required permits.

 No permits required.
- 34. What is the status of permitting?
 - ⊙a. Planned
 - Ob. Submitted
 - Oc. Received
- 35. What is the status of construction?
 - Oa. Ready
 - ⊙b. Not Ready
- 36. What percentage of construction has been completed? 0%
- 37. What is the estimated completion date of construction? June 2018