

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Cooper City Water Treatment Plant Control System

2. Date of Submission: 02/03/2017

3. House Member Sponsor: Evan Jenne

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: | 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 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: | | | | | 935,243 | 935,243 |

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: Michael F. Bailey
- b. Organization: City of Cooper City
- c. Email: mbailey@coopercityfl.org
- d. Phone #: (954)434-5519

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Michael F. Bailey
- b. Organization: City of Cooper City
- c. Email: mbailey@coopercityfl.org
- d. Phone #: (954)434-5519

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Ronald L. Book
- b. Firm: Ronald L Book, P.A.
- c. Email: ron@rlbookpa.com
- d. Phone #: (305)935-1866

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: City of Cooper City
- b. County (County where funds are to be expended): Broward
- c. Service Area (Counties being served by the service(s) provided with funding): Broward

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?

This project will replace the obsolete automatic control systems that operate the City's water treatment plant with new, modern and reliable systems.

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: | | |
| <input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits | | |
| <input type="checkbox"/> b. Other Salary and Benefits | | |
| <input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other | | |
| <input type="checkbox"/> d. Consultants/Contracted Services/Study | | |
| Operational Costs: | | |
| <input type="checkbox"/> e. Salaries and Benefits | | |
| <input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | | |
| <input type="checkbox"/> g. Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation: | | |
| <input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | Replace Control System | 935,243 |
| TOTAL | | 935,243 |

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)

- ☐ 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?

N/A

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:

Project funding was included in the FY 2015 and 2016 Water and Sewer Capital Improvement Fund, which were approved by the City Commission at public meetings in Sept. 2014 and 2015, respectively. Additionally, an agreement between the City and its consultant engineer for design of the project was approved by the City Commission at a public meeting in October 2014. This design has been completed.

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 City's engineering consultant produced a report (CH2M Hill, 2013) that examined the existing water treatment plant control system, and its operational records, and rendered an opinion. The opinion states that the system is obsolete and at risk of failure. Since the control hardware is in the vendor discontinued stage, replacement of failed controllers with like equipment would be difficult if not impossible.

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 | Describe the method for measuring level |
|--------------------|---|---|
|--------------------|---|---|

| | or outcome | of benefit |
|---|------------|------------|
| <input type="checkbox"/> Improve physical health | | |
| <input type="checkbox"/> Improve mental health | | |
| <input type="checkbox"/> Enrich cultural experience | | |
| <input type="checkbox"/> Improve agricultural production/promotion/education | | |
| <input type="checkbox"/> Improve quality of education | | |
| <input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality | | |
| <input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.) | | |
| <input type="checkbox"/> Improve transportation conditions | | |
| <input type="checkbox"/> Increase or improve economic activity | | |
| <input type="checkbox"/> Increase tourism | | |
| <input type="checkbox"/> Create specific immediate job opportunities | | |
| <input type="checkbox"/> Enhance specific individual's economic self sufficiency | | |
| <input type="checkbox"/> Reduce recidivism | | |
| <input type="checkbox"/> Reduce substance abuse | | |
| <input type="checkbox"/> Divert from Criminal/Juvenile justice system | | |
| <input type="checkbox"/> Improve wastewater management | | |
| <input type="checkbox"/> Improve stormwater management | | |
| <input type="checkbox"/> Improve groundwater quality | | |

| | | |
|---|---|--|
| <input type="checkbox"/> Improve drinking water quality | | |
| <input type="checkbox"/> Improve surface water quality | | |
| <input checked="" type="checkbox"/> Other (Please describe): Improve the reliability of the City's potable water system | The number of days between control system failures. | Record the number of days with no control system failures. |

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? |
|--|------------------|--|---|
| 1. Amount Requested from the State in this Appropriations Project Request: | 935,243 | 50.0% | 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: | 935,243 | 50.0% | Yes |
| 5. Other: | 0 | 0.0% | No |
| TOTAL | 1,870,486 | 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?
water & sewer rate revenue for service

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.

City of Cooper City Fiscal Year 2015-2016 Adopted Operating and Capital Improvements Program Annual Budget

25. Is the project for a financially disadvantaged community?

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

100%

29. What is the estimated planning completion date?

Completed

30. What is the status of design?

- ☒a. Ready
- ☐b. Not Ready

31. What percentage of design has been completed?

100

32. What is the estimated design completion date?
completed
33. List all required permits.
FL Dept of Health Water Supply/Treatment Construction Permit; Cooper City Building Permits
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?
June 2018