## **Appropriations Project Request - Fiscal Year 2017-18**

For projects meeting the Definition of House Rule 5.14

1. Title of Project: West Park Citywide Drainage Improvements

2. Date of Submission: 02/02/2017

3. House Member Sponsor: Shevrin Jones

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.)			Nonrecurring fun	dditional RECU ding requested	o New Funds Request for FY 2017-18 RRING funds are prohibited. Any additional to supplement recurring funds in the base will mount 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:				2,000,000 2,000,000		

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: W. Ajibola Balogun
  - b. Organization: City of West Park
  - c. Email: abalogun@cityofwestpark.org
  - d. Phone #: (954)989-2688
- 7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
  - a. Name: W. Ajibola Balogun
  - b. Organization: City of West Park
  - c. Email: abalogun@cityofwestpark.org
  - d. Phone #: (954)989-2688
- 8. If there is a registered lobbyist, fill out the lobbyist information below.
  - a. Name: Yolanda Jackson
  - b. Firm: <u>Becker & Poliakoff, P.A.</u>
  - c. Email: yjackson@bplegal.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 West Park
  - 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)
  - 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?

This project consists of construction upgrades to existing (old and outdated drainage systems) throughout the City. The proposed improvement will provide much needed water quality standards and flood mitigation required for the National Pollution Discharge Elimination System (NPDES) and BMAP. The BMAP improvements will include a) catch basins; b) drainage pipes and drainage outlets; c) trenches; d) curbs; e) gutters; f) drainage structures and g) landscaped drainage retention areas.

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	This project consists of construction upgrades to existing (old and outdated drainage systems)	2,000,000

	throughout the City.	
TOTAL		2,000,000

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)

OFor 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, etc.)

OOther (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?

<u>Yes</u>

15a. Please Describe:

Resolution 2016-118 adopted during City Commission meeting on November 16, 2017

- 16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

  No
- 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)

	<u> </u>	,
Benefit or Outcome	Provide a specific measure of the benefit	Describe the method for measuring level
	or outcome	of benefit

□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.)		
□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		
□Divert from Criminal/Juvenile justice system		
☑Improve wastewater management	This project consists of construction upgrades to existing (old and outdated drainage systems) throughout the City	improvement will provide much needed water quality standards and flood mitigation required for the National Pollution Discharge Elimination System (NPDES) and BMAP

☑Improve stormwater management	This project consists of construction upgrades to existing (old and outdated drainage systems) throughout the City	improvement will provide much needed water quality standards and flood mitigation required for the National Pollution Discharge Elimination System (NPDES) and BMAP
☑Improve groundwater quality	This project consists of construction upgrades to existing (old and outdated drainage systems) throughout the City	improvement will provide much needed water quality standards and flood mitigation required for the National Pollution Discharge Elimination System (NPDES) and BMAP
□Improve drinking water quality		
☑Improve surface water quality	This project consists of construction upgrades to existing (old and outdated drainage systems) throughout the City	improvement will provide much needed water quality standards and flood mitigation required for the National Pollution Discharge Elimination System (NPDES) and BMAP
□Other (Please describe):		

## 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:	2,000,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d,	0	0.0%	No

Column F)			
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	2,000,000	100%	

	5. Other.	U	0.0%	INO
	TOTAL	2,000,000	100%	
'n	Is this a multi-year project requiring funding from the state fo	or more than one year?		
	Yes	or more than one year:		
	20a. How much state funding would be requested after 2017	119 over the payt E years?		
	O<1M	-10 Over the next 5 years:		
	⊙1-3M			
	O>3-10M			
	O>10M			
	20b. How many additional years of state support do you expe	ect to need for this project	?	
	O1 year			
	O2 years			
	O3 years			
	O4 years			
	O>= 5 years			
	20c. What is the total project cost for all years including all fe	ederal, local, state, and any	other funds? Select the si	ngle answer which bes
	describes the total project cost. If funds requested are for c	-		_
	⊙ongoing activity? no total cost		, ,	,
	O<1M			
	O1-2M			
	O>2-3M			
	O>3-10M			
	O>10M			

21. What is the revenue source of ongoing operating funds? n/a

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) □de. 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 West Park Capital Improvement Plan page 18
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 ⊙d. N/A
27.	What is the status of planning? Oa. Ready ⊙b. Not Ready
28.	What percentage of the planning process has been completed None
29.	What is the estimated planning completion date? June 2017

- 30. What is the status of design?
  - Oa. Ready
  - ⊙b. Not Ready
- 31. What percentage of design has been completed?

  None
- 32. What is the estimated design completion date? June 2017
- 33. List all required permits.

  Broward County Water, & City of West Park
- 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? None
- 37. What is the estimated completion date of construction? 2018