

# Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Lauderdale Lakes Drainage Improvement and Flood Control

2. Date of Submission: 11/08/2017

3. House Member Sponsor: Patricia Williams

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, Col. E***

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:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
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 plus Recurring Base Funds  (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					500,000	500,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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? Department of Environmental Protection

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

The standard penalties in place for noncompliance are adequate.

6. Requester:

- a. Name: Phil Alleyne
- b. Organization: City of Lauderdale Lakes
- c. Email: phila@lauderdalelakes.org
- d. Phone #: (954)535-2740

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Phil Alleyne
- b. Organization: City of Lauderdale Lakes
- c. Email: phila@lauderdalelakes.org
- d. Phone #: (954)535-2740

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Yolanda Cash
- b. Firm: Becker & Poliakoff
- c. Email: YJacson@bplegal.com
- d. Phone #: (954)985-4132

9. Organization or Name of entity receiving funds:

- a. Name: City of Lauderdale Lakes
- 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?

The Drainage Improvement and Flood Control Project will address escalating issues with roadway flooding and water quality impacting over 15,000 residential and commercial properties particularly after rainfall or a natural disaster. This project entails the reconstruction of drainage infrastructure in poorly sloped areas to enhance water runoff and prevent heavy flooding impacting local, county and state roadway network.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) 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	This project entails the reconstruction of drainage infrastructure in poorly sloped areas impacting over 15,000 properties to prevent heavy flooding, control water runoff and improve water quality within the local, county	500,000

	and state roadway network.	
TOTAL		500,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- ☐ 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:

The support and need for this project has been documented from budgetary hearings, capital improvement project discussions and community meetings.

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 each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
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<input checked="" type="checkbox"/> Improve physical health	The amount of rainfall from flooding on properties, reports of certain health issues (Zika Virus) in targeted areas and water quality would be measured.	A reduction in the amount of water caused by flooding on properties and reports of certain health issues (Zika Virus) in targeted areas would be measured.
<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 checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	The improvement of flooding and water quality impacting the environment would be measured.	Measurements would determine the reduction of flooding and improvement in water quality within the targeted areas (properties and roadways) would be measured.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	The level of flooding, water quality and water run-off would be measured to protect the general public.	Measurements would determine the reduction of flooding, improvement of water quality and control of water flow near properties and roadways.
<input checked="" type="checkbox"/> Improve transportation conditions	The amount of heavy flooding within a network of local, county and state roads would be measured.	The impact on transportation conditions would be observed by determining the reduction of flooding and improvement of drainage systems.
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	The jobs created from the project	The number of jobs created would be

	would be measured.	measured.
<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 checked="" type="checkbox"/> Improve stormwater management	The improvement of poorly sloped areas and drainage system would be measured.	Measurements would determine the percentage of the slope, water run-off levels and improved water quality impacted by a storm or natural disaster.
<input checked="" type="checkbox"/> Improve groundwater quality	The amount and quality of groundwater would be measured.	Measurements would determine the difference in groundwater levels, water quality and amount of insects after heavy rainfall from a storm or natural disaster.
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	The amount and quality of groundwater would be measured.	Measurements would determine the difference in surface water levels and surface water quality after heavy rainfall from a storm or natural disaster.
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
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1. Amount Requested from the State in this Appropriations Project Request:	500,000	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:	500,000	50.0%	Yes
5. Other:	0	0.0%	No
TOTAL	1,000,000	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?

Stormwater Fund

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 Lauderdale Lakes Capital Improvement Plan was developed at the request of the City of Lauderdale Lakes. Drainage improvements were identified as a critical need to prevent heavy flooding near over 15,000 properties.

25. Is the project for a financially disadvantaged community? (as defined in Chapter 62-552, F.A.C.)

Yes

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?

0

29. What is the estimated planning completion date?

03/30/2018

30. What is the status of design?

- ☐ a. Ready
- ☒ b. Not Ready

31. What percentage of design has been completed?

0

32. What is the estimated design completion date?

09/30/2018

33. List all required permits.

South Florida Water Management District, Broward County Environmental Protection Department, Florida Department of Transportation

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?

09/30/2019