## **Appropriations Project Request - Fiscal Year 2018-19**

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Virginia Gardens - 38 Street Stormwater/ADA Improvements

2. Date of Submission: <u>11/14/2017</u>3. House Member Sponsor: <u>Bryan Avila</u> Members Copied: Manny Diaz

## 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.)		re prohibited.)	
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 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:					350,000	350,000

- 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.

6. Requester:  a. Name: Fred Spencer Deno  b. Organization: Village of Virginia Gardens  c. Email: vgmayordeno1@bellsouth.net  d. Phone #: (305)986-3017
<ul> <li>7. Contact for questions about specific technical or financial details about the project:         <ul> <li>a. Name: <u>Fred Spencer Deno</u></li> <li>b. Organization: <u>Village of Virginia Gardens</u></li> <li>c. Email: <u>vgmayordeno1@bellsouth.net</u></li> <li>d. Phone #: (305)986-3017</li> </ul> </li> </ul>
<ul> <li>8. Is there a registered lobbyist working to secure funding for this project?</li> <li>a. Name: <u>Jose Bermudez</u></li> <li>b. Firm: <u>Becker &amp; Poliakoff</u></li> <li>c. Email: <u>jbermudez@bplegal.com</u></li> <li>d. Phone #: (305)260-1018</li> </ul>
<ul> <li>9. Organization or Name of entity receiving funds:</li> <li>a. Name: <u>Village of Virginia Gardens</u></li> <li>b. County (County where funds are to be expended): <u>Miami-Dade</u></li> <li>c. Service Area (Counties being served by the service(s) provided with funding): <u>Miami-Dade</u></li> </ul>
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)  O Local Government O University or College O Other (Please describe)
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11. What is the specific purpose or goal that will be achieved by the funds being requested?

The project will construct a new stormwater drainage system in a residential area. The Village is in the middle of a comprehensive stormwater redevelopment effort. The Virginia gardens is a small residential community located in built-out, densely populated urban area. The Village is surrounded by industrial and commercial uses included the Miami International Airport. The design and implementation of the project will improve the water quality, flood prevention and ADA accessibility.

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:		
□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 costs	350,000
TOTAL		350,000

<sup>13.</sup> 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)

OFor Profit						
ONon Profit 501(c) (3) ONon Profit 501(c) (4)						
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.)	crostly racinely, bandings for paone serious	, rodus in the state transportation system,				
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 porganizational backing, or other expressions of support?  Yes	project in the community including public	c hearings, letters of support, major				
15a. Please Describe: Local Mitigation Strategy-Miami-Dade County						
16. Has the need for the funds been documented by a study, com No	npleted by an independent 3rd party, for	the area to be served?				
17. Will the requested funds be used directly for services to citize $N/A$	ens?					
18. What benefits or outcomes will be realized by the expenditur	re of funds requested? (Select each Bene					
Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit				
□Improve physical health						
□Improve mental health						
□Enrich cultural experience						
□Improve agricultural production/promotion/education						

The project will include the replacement of drainage pipes and inlets, swale restoration, french drains and native landscape restoration. It will also include the replacement of sidewalks and cross intersections making them ADA compliant.	Increased public safety and increased property values.
	replacement of drainage pipes and inlets, swale restoration, french drains and native landscape restoration. It will also include the replacement of sidewalks and cross intersections making them ADA

☐Improve surface water quality	
□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?
Amount Requested from the State in this Appropriations     Project Request:	350,000	95.9%	N/A
2. Federal:	0	0.0%	No
State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	15,000	4.1%	No
5. Other:	0	0.0%	No
TOTAL	365,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year? Yes

20a.	How much	state fund	ding would	be requested	after 2018-19	over the next 5	yearsî
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⊙<1M

O1-3M

O>3-10M

O>10M

20b. How many additional years of state support do you expect to need for this project?

⊙1 year

O2 years

O3 years

O4 years

	O>= 5 years
	20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.  Oongoing activity? no total cost O<1M O1-3M O>3-10M O>10M
21.	What is the revenue source of ongoing operating funds? General Budget/CITT
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. Virginia Stormawater 5 Year Plan, pg.1
25.	Is the project for a financially disadvantaged community? (as defined in Chapter 62-552, F.A.C.)  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
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- 27. What is the status of planning?
  - ⊙a. Ready
  - Ob. 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
  - Ob. Not Ready
- 31. What percentage of design has been completed? 100
- 32. What is the estimated design completion date? 12/01/2018
- 33. List all required permits.

Local

- 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? 0

37. What is the estimated completion date of construction? 12/1/2018