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

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Dania Beach Melaleuca Gardens Water Main

2. Date of Submission: <u>11/14/2017</u>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, 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:	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:					153,389	153,389	

- 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.

## Reimbursement of funds allocated.

6. Requester:
a. Name: <u>Robert Bladwin</u>
b. Organization: <u>City Manager, Dania Beach</u>
c. Email: <u>rbaldwin@ci.dania-beach.fl.us.</u>
d. Phone #: <u>(954)924-6800</u>
7. Contact for questions about specific technical or financial details about the project:
a. Name: <u>Colin Donnelly</u>
b. Organization: <u>City of Dania Beach</u>
c. Email: <a href="mailto:cdonnelly@daniabeachfl.gov">cdonnelly@daniabeachfl.gov</a>
d. Phone #: <u>(305)935-1866</u>
8. Is there a registered lobbyist working to secure funding for this project?
a. Name: Ron; Rana
b. Firm: Ronald L. Book, PA
c. Email: ron@rlbookpa.com; rana@rlbookpa.com
d. Phone #: <u>(305)935-1866</u>
9. Organization or Name of entity receiving funds:
a. Name: <u>City of Dania Beach</u>
b. County (County where funds are to be expended): Broward
c. Service Area (Counties being served by the service(s) provided with funding): <u>Broward</u>
10. What type of organization is the entity that will receive the funds? (Select one)
O For Profit O Non Profit F01(a) (3)
O Non Profit 501(c) (3) O Non Profit 501(c) (4)
O Local Government  O Local Government
O University or College
O Other (Please describe)
Page <b>2</b> of <b>8</b>
1 age 2 of 0

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

Increased water pressure and improve fire fighting capabilities in the Melaleuca Gardens Neighborhood.

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	Installation of 1700 linear feet of new 12 inch water main.	153,389
TOTAL		153,389

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)

**OFor Profit** 

ONon Profit 501(c) (3)

et	ONon Profit 501(c) (4)  OLocal Government (e.g., police, fire or local government be OState agency owned facility (For example: college or univec.)  OOther (Please describe)	<del>-</del>	s, roads in the state transportation system,		
	Is the project request an information technology project? N/A				
orga	Is there any documented show of support for the requested parizational backing, or other expressions of support?  Yes	oroject in the community including publi	c hearings, letters of support, major		
	15a. Please Describe: Approved by the City of Dania Beach FY 2016-17 Budget	t, including two public hearings.			
	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: Flow test completed on the area fire hydrants.				
	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	e of funds requested? (Select each Bene	fit/Outcome that applies)		
	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		
□Improve quality of education		
□Enhance/preserve/improve environmental or fish and wildlife quality		
☑Protect the general public from harm (environmental, criminal, etc.)	fire hydrants in the neighborhood will be flow tested for increased water pressure and to meet safety measures for fire response.	Flow meters will be used to measure hydrant water flow.
□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		
□Improve stormwater management		
□Improve groundwater quality		
□Improve drinking water quality		
□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:	153,389	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:	153,389	50.0%	Yes
5. Other:	0	0.0%	No
TOTAL	306,778	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? Existing water utility fee.
- 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?

24a. If Yes, insert plan name and cite page numbers.

Dania Beach Utilities Plan

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

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?

10/31/2016

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?

10/31/2017

33. List all required permits.

State of Florida Departnemtn of Health (Broward)

34.	What i	s the	status	of	permitting?
-----	--------	-------	--------	----	-------------

- Oa. Planned
- ⊙b. 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? 6/40/2018