

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Sunny Isles Beach Golden Shores Pump Station

2. Date of Submission: 11/08/2017

3. House Member Sponsor: Joseph Geller

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:					595,102	595,102

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 City will not fail to meet deliverables as this project is vital to maintaining our infrastructure; however, delay in disbursement of state appropriated funds would be a suggested penalty.

6. Requester:

- a. Name: Christopher Russo
- b. Organization: City of Sunny Isles Beach
- c. Email: crusso@sibfl.net
- d. Phone #: (305)792-1811

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

- a. Name: Kathryn Matos
- b. Organization: City of Sunny Isles Beach
- c. Email: kmatos@sibfl.net
- d. Phone #: (305)935-1866

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

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

9. Organization or Name of entity receiving funds:

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

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 ensure that the City is better prepared for hurricanes and storm events as it will help alleviate the significant flooding that occurs in the Golden Shores neighborhood. There was significant flooding in this neighborhood during and after Hurricane Irma in September 2017.

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	replace outfall valve, repair emergency by-pass sluice gate valve, repair wet well telemetry/SCADA system, replace day tank, replace generator fuel pump and coolant pump, install fuel supply tank, redirect causeway effluent directly to deep	595,102

	injection wells, re-establish existing drainage injection wells, add 2 additional drainage injection wells and modify existing piping network, replace generator with new generator with sound-attenuating enclosure and sub-base fuel tank	
TOTAL		595,102

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:

Letter of Support from Golden Shores neighborhood association.

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:

Consultant analyzed status of pump station and generator and identified what is needed, including cost estimates to perform the work.

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
<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 checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Alleviation of neighborhood flooding that poses a threat to the safety of the residents and potential for property damage, including personal property and damage to public roadways.	Photo documentation of the neighborhood after a rain event before construction, followed by photo documentation of the neighborhood after a rain event after construction.
<input checked="" type="checkbox"/> Improve transportation conditions	Current flooding causes damage to the roads, as well as blocking vehicles from being able to pass.	Photo documentation of the neighborhood after a rain event before construction, followed by photo documentation of the neighborhood after a rain event after construction. Also, monitor expenses for road repairs before and after

		construction.
<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 checked="" type="checkbox"/> Improve stormwater management	Wastewater from the William Lehman Causeway (State Road 856) will be redirected to deep injection wells.	Collect data pre- and post construction from the City's stormwater management program.
<input checked="" type="checkbox"/> Improve groundwater quality	More efficient movement of groundwater due to more efficient pump station.	Collect and test groundwater pre- and post construction.
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	More efficient drainage means less and increased surface water quality.	Collect and test surface water pre- and post construction.
<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?

1. Amount Requested from the State in this Appropriations Project Request:	595,102	40.0%	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:	892,653	60.0%	Yes
5. Other:	0	0.0%	No
TOTAL	1,487,755	100%	

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

Yes

20a. How much state funding would be requested after 2018-19 over the next 5 years?

- ☒ <1M
- ☐ 1-3M
- ☐ >3-10M
- ☐ >10M

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

- ☒ 1 year
- ☐ 2 years
- ☐ 3 years
- ☐ 4 years
- ☐ >= 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?.

- ☐ Ongoing activity ? no total cost
- ☐ <1M
- ☐ 1-3M
- ☒ >3-10M

☐ >10M

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

Ad valorem

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 Sunny Isles Beach Comprehensive Plan - Infrastructure Objective 3 Policy 3A (page 100) and Capital Improvement Element Objective 1 (pages 73 and 78)

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?

☐ 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?

50%

29. What is the estimated planning completion date?

12/31/2017

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?

02/28/2017

33. List all required permits.

South Florida Water Management District Environmental Resource Permit, Miami-Dade County Department of Regulatory & Economic Resources and Water & Sewer (WASD)

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?

December 31, 2019