

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Margate Sewer Piping Rehabilitation Phase II

2. Date of Submission: 02/06/2017

3. House Member Sponsor: Kristin Jacobs

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

a. Has funding been provided in a previous state budget for this activity? Yes

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? 2016-17

c. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes

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 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)</i>		
	Column:	A	B	C	D	E
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring Request <i>(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.)</i>
Input Amounts:		200,000	200,000		400,000	400,000

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: Douglas E. Smith
- b. Organization: City of Margate, City Manager's Office
- c. Email: citymanager@margatefl.com
- d. Phone #: (954)935-5300

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Reddy Chitepu, P.E.
- b. Organization: City of Margate, Department of Environmental and Engineering Services
- c. Email: rchitepu@margatefl.com
- d. Phone #: (954)972-0828

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: David Sigerson
- b. Firm: Capital Hills Consultants, Inc.
- c. Email: sigersonatlaw@aol.com
- d. Phone #: (954)540-7252

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: City of Margate
- 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 Sewer Piping Rehabilitation Project includes a video survey of the entire sanitary sewer basin no. 1 piping, and where necessary, install cured-in-place pipes to repair leaks. This funding request of \$400,000 will allow for rehabilitation of approximately 13,000 linear feet of sanitary sewer piping. The sanitary sewer systems with leaking underground pipes are some of the primary contributing sources to fecal coliform contamination, which has been found in the adjacent regional C-14 canal.

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:		
<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 checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	The requested funds will be spent to video survey the entire sanitary sewer basin no. 1 piping, and where necessary, install cured-in-place piping to repair the leaks.	400,000

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		400,000

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)

N/A

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:

According to FAC 62-304.725, the C-14 canal will require a 22% reduction of sources to mitigate the high fecal coliform levels. Rehabbing the sewer pipes will significantly reduce these levels. The City Comm. held budget and legislative public workshops at which this project was discussed and approved.

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:

Fecal Coliform levels were tested by DEP . The C-14 Canal has been found to contain excessive concentrations and the leaking sanitary sewer pipes are considered a major source of this pollution.

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)

Benefit or Outcome	Provide a specific measure of the benefit	Describe the method for measuring level
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	or outcome	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 checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Reduce the fecal coliform concentration count in the C-14 canal.	As part of the TMDL requirement, annual measurements to check fecal coliform concentration levels are administered.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Reduce the fecal coliform concentration count in the C-14 canal.	As part of the TMDL requirement, annual measurements to check fecal coliform concentration levels are administered.
<input type="checkbox"/> Improve transportation conditions		
<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 checked="" type="checkbox"/> Improve wastewater management	Improved performance of Lift Station #1 and reduction in total volume flow	The timing of pumping cycles in Lift Station #1 will be monitored before

	to the Wastewater Plant.	and after the project is completed. This timing should improve as a result.
<input type="checkbox"/> Improve stormwater management		
<input checked="" type="checkbox"/> Improve groundwater quality	Reduce the fecal coliform concentration count in the C-14 canal.	As part of the TMDL requirement, annual measurements to check fecal coliform concentration levels are administered.
<input checked="" type="checkbox"/> Improve drinking water quality	Reduce the fecal coliform concentration count in the C-14 canal.	As part of the TMDL requirement, annual measurements to check fecal coliform concentration levels are administered.
<input checked="" type="checkbox"/> Improve surface water quality	Reduce the fecal coliform concentration count in the C-14 canal.	As part of the TMDL requirement, annual measurements to check fecal coliform concentration levels are administered.
<input type="checkbox"/> 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?
1. Amount Requested from the State in this Appropriations Project Request:	400,000	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:	600,000	60.0%	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?

Utility Fees/Billing

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 Margate Ten-Year Asset Management Plan

25. Is the project for a financially disadvantaged community?

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
100%

29. What is the estimated planning completion date?
9/30/2016

30. What is the status of design?
 a. Ready
 b. Not Ready

31. What percentage of design has been completed?
N/A

32. What is the estimated design completion date?
N/A

33. List all required permits.
none required

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?
9/30/2017