

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: El Portal - El Jardin Stormwater Improvements
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Roy Hardemon  
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, Col. E***
- b. What is the most recent fiscal year the project was funded? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		550,000	550,000		970,000	970,000

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.

Funds could be withdrawn from project.

6. Requester:

- a. Name: Christia Alou
- b. Organization: Village of El Portal
- c. Email: VillageManager@VillageofElPortal.org
- d. Phone #: (305)795-7884

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

- a. Name: Christia Alou
- b. Organization: Village of El Portal
- c. Email: VillageManager@VillageofElPortal.org
- d. Phone #: (305)795-7884

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

- a. Name: Richard Pinsky
- b. Firm: Akerman LLP
- c. Email: Richard.Pinsky@Akerman.com
- d. Phone #: (561)653-5000

9. Organization or Name of entity receiving funds:

- a. Name: Village of El Portal
- 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?

To address water quantity issues within proposed Basin 5 of the El Portal Stormwater Master Plan. El Portal has grown in size by more than 50%. This will serve as El Portal's commercial area to increase its tax base. The flood control into the C-7 canal, which will fix the flooding issues in the El Jardin area near city hall, will allow this commercial growth to take place. This is the lowest lying area in El Portal, bordering Little Haiti, which was ground zero of the Zika outbreak.

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 is a one-time funding request including costs associated with project design, permitting, construction, and project certification.	970,000
<b>TOTAL</b>		<b>970,000</b>

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:

Public hearings were held on June 27 and August 2, 2017 to discuss the septic to sewer conversion for the entire Village and the designation of the Phase 1 area. Residents were in support of the project. Council voted This project is included in the Miami-Dade Local Mitigation Strategy.

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
<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 surface and groundwater fecal coliform contamination resulting from failing septic systems.	Quantify depth and frequency of property and roadway flooding before and after improvements.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Reduce exposure to health risks (virus, bacteria, controlled substances) in flood waters and groundwater.	Quantify depth and frequency of property and roadway flooding before and after improvements.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Increased property value resulting from sites with functioning stormwater management systems.	Track home sales before and after stormwater improvements .
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Construction will utilize local workers.	Quantify number of local workers employed during construction and operation of new system.
<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	Reduce exposure to health risks (virus, bacteria, controlled	Quantify number of septic systems failing before and after stormwater

	substances) in flood waters and groundwater.	improvement construction.
<input checked="" type="checkbox"/> Improve stormwater management	Reduce exposure to health risks (virus, bacteria, controlled substances) in flood waters and groundwater.	Quantify number of septic systems failing before and after stormwater improvement construction.
<input checked="" type="checkbox"/> Improve groundwater quality	Reduce surface and groundwater fecal coliform contamination resulting from failing septic systems.	Quantify number of septic systems failing before and after stormwater improvement construction.
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Reduce exposure to health risks (virus, bacteria, controlled substances) in flood waters and groundwater.	Quantify number of septic systems failing before and after stormwater improvement 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:	970,000	96.5%	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:	35,000	3.5%	No
5. Other:	0	0.0%	No

TOTAL	1,005,000	100%	
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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 Utility revenue and State Revolving Fund Grants (Fund 115)

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.

Miami-Dade Local Mitigation Strategy project listed on page P6-93.

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?

25%

29. What is the estimated planning completion date?

05/1/2018

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?

2/1/2019

33. List all required permits.

Miami-Dade Environmental Resource Management, South Florida Water Management District Environmental Resource Permit, South Florida Water Management Dewatering, Florida Department of Transportation Drainage Connection

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?

7/1/2020