

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: West Palm Beach Washington Road Utility Improvements

2. Date of Submission: 10/31/2019

3. House Member Sponsor: David Silvers

Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- 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*
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <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:					470,000	470,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? 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? Yes

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.

## Clawback of State Funding

### 6. Requester:

- a. Name: Keith James, Mayor
- b. Organization: City of West Palm Beach
- c. Email: kjames@wpb.org
- d. Phone #: (561)822-1400

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

- a. Name: Poonam Kalkat
- b. Organization: City of West Palm Beach
- c. Email: pkalkat@wpb.org
- d. Phone #: (561)822-2200

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

- a. Name: Joseph Salzverg
- b. Firm: Gray/Robinson
- c. Email: joseph.salzverg@gray-robinson.com
- d. Phone #: (305)924-9904

### 9. Organization or Name of entity receiving funds:

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

### 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?

Minimize roadway flooding and provide safe travel to the public by replacing approx. 3,400LF of stormwater pipelines including a new 84-inch storm outfall to the Intracoastal Waterway. Increase fire protection and system pressure to the neighborhood and removing asbestos pipe from potable drinking system. The scope of work includes replacement of existing sanitary sewer to address infiltration issues, prevent leaks, main breaks and sewage spills.

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 checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	The cost for Construction Administration Services is estimated at 10% of the total cost of construction.	235,000
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	Engineer's Estimated Cost for Construction based on the 90% Design Plans.	235,000

TOTAL		470,000
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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?

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:

The project was approved by the City of West Palm Beach Commission on March 11, 2019 under Resolution No. 96-19.

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:

The need for the project has been documented in a Basis of Design Report completed by Craven Thompson and Associates in 2014.

17. Will the requested funds be used directly for services to citizens?

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
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<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	1) Addition of a pollution control device on the stormwater outfall. 2) Replacement of the existing vitrified clay sanitary sewer system.	Decrease nutrient loading into the Lake Worth Lagoon.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Increase the size of the potable water pipes and add fire hydrants.	Increase the fire protection along this corridor to meet current City Requirements.
<input checked="" type="checkbox"/> Improve transportation conditions	1) Addition of elevated bicycle lanes, traffic calming measures (raised intersections) and 5' sidewalks. 2) Addition of tidal valves on two storm water outfall pipes.	1) Reduced speeds of vehicle traffic along the corridor. Increased pedestrian and bicycle traffic by creating a safer space for bicycles and pedestrians. 2) Significant reduction of the roadway flooding caused by high tide events.
<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	Replacement of the existing vitrified clay sanitary sewer system.	Decrease the amount of sanitary sewer breaks along the corridor.
<input checked="" type="checkbox"/> Improve stormwater management	1) Addition of a pollution control device on the storm water outfall. 2) Addition of tidal valves on two storm water outfalls.	1) Decrease nutrient loading into the Lake Worth Lagoon. 2) Significant reduction of the roadway flooding caused by high tide events.
<input checked="" type="checkbox"/> Improve groundwater quality	Addition of a pollution control device on the storm water outfall. Replacement of the existing vitrified clay sanitary sewer system.	Decrease nutrient loading into the groundwater and Lake Worth Lagoon.
<input checked="" type="checkbox"/> Improve drinking water quality	Replacement of the existing potable water system with a larger pipe system.	This corridor experiences frequent watermain breaks (2+ a year) due to the water main pipe age and type of material. Each time the residents put on Boil Water Notices. The replacement of the existing watermain system with a new system is anticipated to eliminate this situation.
<input checked="" type="checkbox"/> Improve surface water quality	1) Addition of a pollution control device on the stormwater outfall. 2) Replacement of the existing vitrified clay sanitary sewer system.	Decrease nutrient loading into the groundwater and Lake Worth Lagoon.
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 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:	470,000	0.8%	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:	55,500,000	99.2%	No
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>55,970,000</b>	<b>100%</b>	

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?

Potable Water, Sanitary Sewer, and Storm water Enterprise Funds

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 West Palm Beach Stormwater Master Plan dated 2000, Section 4.28; City of West Palm Beach Stormwater Master Plan dated 2016;

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?
- 100%
29. What is the estimated planning completion date?
- 06/01/2019
30. What is the status of design?
- a. Ready
  - b. Not Ready
31. What percentage of design has been completed?
- 90%
32. What is the estimated design completion date?
- 12/21/2019
33. List all required permits.
- Palm Beach County Health Department Potable Water and Sanitary Sewer Permits, South FLorida Water Management District Storm water Permit
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?

12/31/2021