

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Coral Gables Comprehensive Inflow and Infiltration Program
2. Date of Submission: 11/06/2019
3. House Member Sponsor: Nicholas Duran
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 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>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					541,000	541,000

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? 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 may lose or be required to reimburse State funding awarded to the project.

6. Requester:

- a. Name: Naomi Levi Garcia
- b. Organization: City of Coral Gables
- c. Email: nlevi-garcia@coralgables.com
- d. Phone #: (305)460-5248

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

- a. Name: Jorge Gomez
- b. Organization: Public Works City of Coral Gables
- c. Email: kgomez2@coralgables.com
- d. Phone #: (305)460-5037

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

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

9. Organization or Name of entity receiving funds:

- a. Name: City of Coral Gables
- 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?

The project has the objective of reducing the amount of storm water and groundwater that enters into the City’s sanitary sewer system. It is anticipated that by implementing this program, the occurrence of the sanitary sewer overflows, which adversely affect the public and public health will be reduced. Additionally, the project achieves the goal of protecting groundwater and adjacent water bodies from contamination related to the sanitary sewer.

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	The City plans to procure the services of a sewer rehabilitation contractor for the repair, rehabilitation, and lining of sewer lines identified in the Sanitary Sewer Evaluation Survey which was	541,000

	performed by the City.	
TOTAL		541,000

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 City has confirmed that there are significant volumes of groundwater and stormwater infiltrating into the sewer system by comparing water consumption in an area with the volume of effluent in the system being sent for treatment.

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 City has procured the services of Professional Engineering Consulting firm to survey the sewer lines and identify the segments in need of rehabilitation and develop a cost estimate for the project.

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
<input checked="" type="checkbox"/> Improve physical health	Less frequent overflows of the sanitary sewer system and reduced exposure of effluent to the public and adjacent bodies of water.	The number of sanitary sewer overflows pre and post project can be compared to determine improvement.
<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	Less frequent overflows of the sanitary sewer system and reduced exposure of effluent to adjacent bodies of water, fish, and wildlife.	Samples from adjacent bodies of water can be analyzed in a laboratory to determine the pre and post project nutrient levels.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Less frequent overflows of the sanitary sewer system and reduced exposure of effluent to the public.	The number of sanitary sewer overflows pre and post project can be compared to determine improvement.
<input checked="" type="checkbox"/> Improve transportation conditions	This form of rehabilitation will reduce the impact to the traveling public by greatly reducing the need for conventional excavations in roadways to expose and repair the sewer lines.	The number of roadway closures to address sanitary sewer overflows pre and post project can be compared to determine improvement.
<input checked="" type="checkbox"/> Increase or improve economic activity	Increase or improve economic activity through less frequent overflows of sanitary sewer system that may impact hotels, restaurants, and businesses.	The number of overflows pre and post project can be compared to determine improvement.

<input checked="" type="checkbox"/> Increase tourism	Improvements to tourism as a result of less frequent overflows that impacts adjacent water body quality, canal water quality, and ultimately Biscayne Bay water quality.	Tax receipts for local hospitality businesses can be compared pre and post project to determine increase as a result of the reduction in frequency of sanitary sewer overflows.
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Work created by this project will sustain employment.	Contractor identified as low bidder can be requested to provide the number of employees that will be working on the project and how many of those are new hires.
<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 type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Less frequent overflows that impact adjacent water body quality, canal water quality, and ultimately Biscayne Bay water quality.	Samples from adjacent bodies of water can be analyzed in a laboratory to determine the pre and post project nutrient levels.
<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
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			writing?
1. Amount Requested from the State in this Appropriations Project Request:	541,000	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:	541,000	50.0%	Yes
5. Other:	0	0.0%	No
TOTAL	1,082,000	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?

Capital Improvement Fund

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.

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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?

11/30/2016

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?

12/31/2019

33. List all required permits.

N/A

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?

08/31/2020