

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: NW 74th St improvements
2. Date of Submission: 11/12/2019
3. House Member Sponsor: Ana Rodriguez  
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>	<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:					500,000	500,000

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 Transportation
  - 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.  
Agency can cancel the contract if deliverables are not met, without any penalties

6. Requester:

- a. Name: Jorge Corzo
- b. Organization: Town of Medley
- c. Email: jcorzo@townofmedley.com
- d. Phone #: (305)934-6986

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

- a. Name: Jorge Corzo
- b. Organization: Town of Medley
- c. Email: jcorzo@townofmedley.com
- d. Phone #: (305)934-6986

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

- a. Name: Nelson Diaz
- b. Firm: The Southern Group
- c. Email: diaz@theshouthernngroup
- d. Phone #: (305)421-6304

9. Organization or Name of entity receiving funds:

- a. Name: Town of Medley
- 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 specific purpose of this project is to improve roadway and drainage along 74th st. and to replace an aged and undersized water main, made of undesirable material Asbesto Cement Pipe (ACP). The proposed improvement consist of approximately 1,700 LF of 16" Water Main.

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 project will improve roadway and drainage improvement and replace and upgrade an aged and undersized asbesto Water Main to 1,700 LF of 16" CIP Water Main	500,000
<b>TOTAL</b>		<b>500,000</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?

No

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:

This project was approved by the Town of Medley Council on November 7th, 2019 under the State Legislature Funding Request for Capital Projects and Economic Development. Town met with local residents and business owners. In addition, this project is listed within the Capital Improvement Plan.

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:

Technical Report prepared by The Corradino Group on 74th st. design roadway and drainage improvements.

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

No

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	Improve water quality supply	Periodic testing of water quality parameters
<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 type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input checked="" type="checkbox"/> Improve transportation conditions	This project will provide roadway and drainage improvements.	Traffic improvements as well as better water quality and water line pressure
<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 type="checkbox"/> Improve stormwater management		

<input type="checkbox"/> Improve groundwater quality		
<input checked="" type="checkbox"/> Improve drinking water quality	New water main, improvement of water quality of distribution line	Monitor water quality
<input type="checkbox"/> Improve surface water quality		
<input checked="" type="checkbox"/> Other (Please describe): Public outreach	The Town will be implementing a community awareness Public Involvement Program to educate local residents on the importance of stormwater management and water quality improvements	The Town will post Public Notices in the Bulletin Boards and website and social media, as well organize public meetings to inform the local re

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:	500,000	31.3%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	400,000	25.0%	Yes
4. Local:	700,000	43.8%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>1,600,000</b>	<b>100%</b>	

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

No