

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Miami Lakes Royal Oaks Drainage Improvements Project
2. Date of Submission: 11/12/2019
3. House Member Sponsor: Bryan Avila  
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:					1,000,000	1,000,000

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.

No payment will be made for a request for reimbursement which does not include an updated summary of the project, dated invoices, checks paid by the contracting agency, and proof of payments via copies of deposited checks.

6. Requester:

- a. Name: Edward Pidermann
- b. Organization: Town of Miami Lakes
- c. Email: pidermanne@miamilakes-fl.gov
- d. Phone #: (305)364-6100

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

- a. Name: Renee Wilson
- b. Organization: Town of Miami Lakes
- c. Email: wilsonr@miamilakes-fl.gov
- d. Phone #: (305)364-6100

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

- a. Name: Nelson Diaz
- b. Firm: Southern Group
- c. Email: diaz@thesoutherngroup.com
- d. Phone #: (305)490-3414

9. Organization or Name of entity receiving funds:

- a. Name: Town of Miami Lakes
- 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 goal that will be achieved from this project is to reduce localized flooding, eliminate standing rainwater, reduce the probability of mosquito-transmitted diseases to the public, and mitigate flood impacts on property and life through design and construction of the drainage system, featuring the installation of stormwater pipes, exfiltration trenches (French Drains), manholes, pollution retardant baffles, catch basins, and resurfacing and restoring of the existing roadway surfaces.

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	Surveying, geotechnical exploration, and related design and permitting services.	100,000
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	Funds will be used to design, permit and construct new drainage system to include installation of drainage	900,000

	pipes, exfiltration trenches (French Drains), manholes, pollution retardant baffles, catch basins, and resurfacing and restoration of the existing roadway surfaces.	
TOTAL		1,000,000

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:

On September 24, 2019, the Town Council passed a Resolution making this Project a legislative priority. In 2015, the Town Council passed Resolution No. 15-1333 adopting this Project as part of the Strategic Plan to prioritize environmental sustainability and improve stormwater infrastructure.

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:

This Project is included in the Town of Miami Lakes 2019 Stormwater Master Plan Update #3 (pages 16-19).

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 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 type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Eliminate standing rain and stormwater to reduce the possibility of mosquito-transmitted diseases to the public.	Method for measuring through the reduced number of Miami Lakes Citizen 311 Mosquito Service Requests and/or Zika related Service Requests to Miami-Dade County.
<input checked="" type="checkbox"/> Improve transportation conditions	Increase drainage capacity and reduce flooding on residential roads to facilitate safe ingress and egress.	Method for measuring through field inspection and documentation of reduced flooding. Reduction of citizen flood related service requests.
<input checked="" type="checkbox"/> Increase or improve economic activity	Protect private property and residential neighborhoods.	Method for measuring through field inspection and documentation of reduced flooding. Reduction of citizen flood related service requests.
<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 checked="" type="checkbox"/> Improve stormwater management	Increase drainage capacity.	Method for measuring through field inspection and documentation of post rainfall conditions. Design conditions that demonstrated reduced flood stages and greater conveyance capacity.
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Improved pollutant loading/decreased Phosphorus, Nitrogen, and TSS.	Method for measuring through water quality testing and monitoring.
<input checked="" type="checkbox"/> Other (Please describe): Protect private property values	Flood mitigation in residential community to directly impact approximately 230 homes.	Method for measuring through reduced flood insurance claims.

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:	1,000,000	100.0%	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:	0	0.0%	No
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>1,000,000</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?

Stormwater fee

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.

Town of Miami Lakes 2019 Stormwater Master Plan Update #3 (pages 16-19).

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?
- Completed
30. What is the status of design?
- a. Ready
  - b. Not Ready
31. What percentage of design has been completed?
- 50%
32. What is the estimated design completion date?
- 12/31/2021
33. List all required permits.
- Plan review and approvals from Miami-Dade County Transportation and Public Works Department and Department of Regulatory and Economic Resources.
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?

07/31/2022