1. Project Title United Community Options of Broward Client's Lot Drainage Improvements

2. Senate Sponsor Lauren Book

3. Date of Request 10/09/2023

4. Project/Program Description

United Community Options of Broward serves adults and children with developmental disabilities. The purpose of this project is to fix the drainage and asphalt where we load and unload our clients that attend our ADT program. Our loading/unloading area floods frequently and is a hazard to our clients to unload and load. This project will ensure that our clients are handled properly going and leaving our ADT.

5. State Agency to receive requested funds Agency for Persons with Disabilities

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	450,000
Total State Funds Requested	**450,000**

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	450,000	90%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	50,000	10%
Total Project Costs for Fiscal Year 2024-2025	**500,000**	**100%**

8. Has this project previously received state funding? No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested? No

  a. If yes, indicate nonrecurring amount per year.

  b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

No

If yes, indicate the amount of funds received and what the funds were used for.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

⦿ Planning   ◯ Design   ◯ Construction   ◯ N/A

b. Is the project "shovel ready" (i.e permitted)?   No

c. What is the estimated start date of construction?   07/2024

d. What is the estimated completion date of construction?   09/2024

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

This drainage project will be completed within United Community Options of Broward owned land and right-of-way.

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Surveying, engineering design, and construction of installation of pipes, catch basins, and asphalt at our loading/unloading lot in front of our ADT.	450,000
Total State Funds Requested (must equal total from question #6)		**450,000**

14. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?

The goal of the project is to provide flood relief and improved water quality to our clients, staff, and vehicles. This project will remove flood waters from the lot in this heavily traveled area. It will provide critical drainage capacity for storm-water runoff, thereby reducing lot flooding (both volume and duration), and the frequency of property damage and personal injury.

b. What activities and services will be provided to meet the intended purpose of these funds?

The project includes but is not limited to the furnishing of all labor, materials, tools, equipment, machinery, expertise, services, and all else necessary for proper construction and completion of the project consisting of excavation, installation of storm drain piping, clearing and grubbing, constructing concrete catch basins and inlets with grates, headwalls, grading, back-filling and street (lot) repair and repaving, installation of erosion control measures, and installation of swales and grass sodding.

c. What direct services will be provided to citizens by the appropriation project?

The project will remove flood waters from our ADT loading/unloading lot. It will provide critical drainage capacity for storm-water runoff, thereby reducing lot flooding and the frequency of property damage and personal injury to clients, staff, and vehicles.

d. Who is the target population served by this project? How many individuals are expected to be served?

The target population served by this project is all the clients, staff, and vehicles that drive, walk, and unload/load in our lot. It is a highly traveled and used lot.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

The purpose of this project is multi-faceted, with one objective set to reduce storm water staging in the basin and the other to significantly increase water quality. The outcomes will be measured through water quality testing and basin capacity reports.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?

De-Obligation of funding

15. Requester Contact Information

a. First Name David **Last Name** Perez

b. Organization United Community Options of Broward

c. E-mail Address DavidPerez@uco-ucpsfl.org

d. Phone Number (954)218-6748 **Ext.**

16. Recipient Contact Information

a. Organization United Community Options of Broward

b. Municipality and County Broward

c. Organization Type

☐ For Profit Entity

☑ Non Profit 501(c)(3)

☐ Non Profit 501(c)(4)

☐ Local Entity

☐ University or College

☐ Other (please specify)

d. First Name David **Last Name** Perez

e. E-mail Address DavidPerez@uco-ucpsfl.org

f. Phone Number (954)218-6748

17. Lobbyist Contact Information

a. Name None

b. Firm Name

c. E-mail Address

d. Phone Number