



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Golden Beach Center Island Stormwater Pump

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 12/16/2017

4. **Project/Program Description:**

This project is for the installation and construction of a Stormwater Pump Station on Center Island (Golden Beach) to alleviate tidal and storm flooding.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Department of Environmental Protection

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	500,000	500,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	100,000	16.7%
Other	0	0.0%
TOTAL	100,000	16.7 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 600,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

The Town's Center Island suffers from tidal / storm flooding years round. There currently is a gravity system on the Island, however, the missing (critical) component is a pump. A pump would alleviate flooding.

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

Installation of a Storm Water Pump

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Construction and Installation of a Storm water Pump	500,000
TOTAL		500,000

d. What are the direct services to be provided to citizens by the appropriations project?

Alleviate Flooding

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

All Residents and Visitors to Center Island (Golden Beach)

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

Having street and property free of flooding.

g. 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 in the contract?

None

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

The Town of Golden Beach

13. Requestor Contact Information:

- a. Name: Alexander Diaz
- b. Organization: Town of Golden Beach
- c. Email: Alexdiaz@goldenbeach.us
- d. Phone Number: (305)932-0744

14. Recipient Contact Information:

- a. Organization: Town of Golden Beach
- b. County: Miami-Dade
- c. Organization Type:
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. Contact Name: Alexander Diaz



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e. E-mail Address: Alexdiaz@goldenbeach.us

f. Phone Number: (305)932-0744

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: David Caserta

b. Firm: David Caserta

c. Email: flgovernment@aol.com

d. Phone Number: (305)401-3006

16. Have you applied for alternative state funding?

Wastewater Revolving Loan

Drinking Water Revolving Loan

Small Community Wastewater Treatment Grant

Other (Please describe)

N/A

17. What is the population economic status?

Financially Disadvantaged Community (ch. 62-552, F.A.C)

Financially Disadvantaged Municipality (ch. 62-552, F.A.C)

Rural Area of Economic Concern

Rural Area of Opportunity (s. 288-0656, Florida Statutes)

N/A

18. What is the status of construction?

Pending Funding

19. What percentage of construction has been completed?

0 %

20. What is the estimated completion date of construction?

1 year from funding