



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** West Miami Generators for Lift Station

2. **Senate Sponsor:** Jose Rodriguez

3. **Date of Submission:** 01/23/2018

4. **Project/Program Description:**

The Mobile generators will power our sewer lift stations in the event of a storm, natural disaster. The goal is to allow for proper flow of sewer without it affecting the health and wellbeing of the community

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
	200,000	200,000

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	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 200,000

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 Mobile generators will power our sewer lift stations in the event of a storm, natural disaster. The goal is to allow for proper flow of sewer without it affecting the health and wellbeing of the community

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

Obtaining mobile generators

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 checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Set up costs and training	5,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Misc	500
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	Renovation and construction of sewers	194,500
TOTAL		200,000

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

Proper flow of sewers in the event of a natural disaster

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

Residents of West Miami

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

Improve Physical Health: elimination of sewer back ups; Protect the General Public from Harm: Insure the proper operation of the City's Sewer Water Lift Stations and sewer system; Improve wastewater Management: insure the proper operation of the City's Sewer Lift Station and sewer system.

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?

The City's Sewer Lift Stations if left without backup power may result in the sewer back up affecting the welfare and health of the community served by the said Sewer Stations

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.

n/a

13. Requestor Contact Information:

- a. **Name:** Yolanda Aguilar
- b. **Organization:** City of West Miami
- c. **Email:** yolandaaguilar@cityofwestmiami.org
- d. **Phone Number:** (305)266-1122

14. Recipient Contact Information:

- a. **Organization:** City of West Miami
- b. **County:** Miami-Dade
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity



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University or College

Other (Please specify)

d. Contact Name: Juan Pena

e. E-mail Address: juanpena@cityofwestmiami.org

f. Phone Number: (305)266-4214

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

a. Name: Manny Reyes

b. Firm: Gomez Barker Associates Inc.

c. Email: mreyes@gomezbarker.com

d. Phone Number: (305)282-9199