



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2426

1. **Title of Project:** Homestead - Well Number 7

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 03/12/2019

4. **Project/Program Description:**

This project consists of the design, purchase and installation of well #7 and its components. The new well will allow the existing wells to be rotated out of service as needed for maintenance and repairs without affecting the City's water production. Well #7 will allow the treatment facility to operate at full capacity meeting permit requirements and operational performance. The additional well will also alleviate the financial impact on the City of having to purchase additional water from Miami- Dade County when a well is out of service.

5. **State Agency to receive requested funds :** Department of Environmental Protection

State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	100,000
Fixed Capital Outlay	200,000
Total State Funds Requested	300,000

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	300,000	80.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	75,000	20.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	375,000	100.0%

8. **Has this project previously received state funding?** No

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

9. **Is future-year funding likely to be requested?** No

10. **Details on how the requested state funds will be expended**

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and		



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Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Engineering Design/Professional Services	100,000
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning	Installation of equipment, well pump, motor, pipping, and	200,000
Engineering	construction of well housing	
Total State Funds Requested (must equal total from question #6)		300,000

11. Program Performance:

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

The new well will allow the existing wells to be rotated out of service as needed for maintenance and repairs without affecting the City's water production. Well #7 will allow the treatment facility to operate at full capacity meeting permit requirements and operational performance. The additional well will also alleviate the financial impact on the City of having to purchase additional water from Miami- Dade County when a well is out of service.

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

Well #7 will allow the treatment facility to operate at full capacity meeting permit requirements and operational performance.

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

The additional well will also alleviate the financial impact on the City of having to purchase additional water from Miami- Dade County when a well is out of service. This additional expense will not impact residents.

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

This project will benefit the entire City of Homestead approximately 70,000 citizens.

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

This project will alleviate the financial impact on the City of having to purchase additional water from Miami- Dade County. This project will be measured by the consumption of water reported by Dade County Water and Sewer.

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 in the contract?

N/A



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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.

City of Homestead.

13. Requestor Contact Information:

- a. **Name:** Julio A. Brea, PE
- b. **Organization:** City of Homestead
- c. **E-mail Address:** jbre@cityofhomestead.com
- d. **Phone Number:** (305)224-4405

14. Recipient Contact Information:

- a. **Organization:** City of Homestead
- 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:** Julio A. Brea, PE
- e. **E-mail Address:** jbre@cityofhomestead.com
- f. **Phone Number:** (305)224-4405

15. Lobbyist Contact Information

- a. **Name:** Jose Fuentes
- b. **Firm Name:** Becker
- c. **E-mail Address:** jfuentes@backerlawyers.com
- d. **Phone Number:** (305)299-4900

Please complete the questions below for Water Projects only

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



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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? Planning

19. What percentage of construction has been completed? 0%

20. What is the estimated completion date of construction? 12/1/2020