

## The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1854

| 1. Project Title  | Miami-Dade Cou      | inty Bird Road S                        | eptic to Sewer Conversi                          | on   |  |  |
|---|---------------------|---|--|--|--|--|
| 2. Senate Sponsor   | Ana Maria Rodriç    | guez                                    |  |  |  |  |
| 3. Date of Request  | 02/21/2023          |   |  |  |  |  |
| 4. Project/Program De   | scription           |   |  |  |  |  |
| This project will exte<br>SW 107 Ave. and SW<br>served by an existing | V 112 Ave. The pro  | wer system to eig<br>oject would includ | th commercial propertie<br>the design and constr | s along the Bird Ro<br>uction of the gravity | ad corridor between sewer system to be |  |
| 5. State Agency to rec  | eive requested fu   | <b>nds</b> Depar                        | tment of Environmental                           | Protection                                   |  |  |
| State Agency contact  | cted? No            |   |  |  |  |  |
| 6. Amount of the Nonre  | ecurring Request    | for Fiscal Year                         | 2023-2024  |  |  |  |
| Type of Funding   |                     |   | Amo  | unt  |  |  |
| Operations  |                     |   |  | 2,000,000                                    |  |  |
| Fixed Capital Outlay  |                     |   |  | 0  |  |  |
| <b>Total State Funds R</b>  | equested            |   |  | 2,000,000                                    |  |  |
| 7. Total Project Cost fo  | or Fiscal Year 202  | 3-2024 (includin                        | ng matching funds ava                            | ilable for this proje                        | ect)                                   |  |
| Type of Funding   |                     |   | Amount   | Percentage                                   |  |  |
| Total State Funds Re  | equested (from que  | estion #6)                              | 2,000,000  | 100%   |  |  |
| Matching Funds  |                     |   | -  | 201  |  |  |
| Federal   |                     | ()                                      | 0  | 0%   |  |  |
| State (excluding the  | amount of this requ | iest)                                   | 0  | 0%   |  |  |
| Local   |                     |   | 0  | 0%   |  |  |
| Other   |                     |   | 0  | 0%   |  |  |
| <b>Total Project Costs</b>  | for Fiscal Year 20  | )23-2024                                | 2,000,000  | 100%   |  |  |
| 8. Has this project pre   | viously received    | state funding?                          | No   |  |  |  |
| Fiscal Year   | Amount              |   | Specific   | Vetoed                                       |  |  |
| (уууу-уу)   | Recurring           | Nonrecurring                            | Appropriation #                                  |  |  |  |
|   |                     |   |  |  |  |  |
| 9. Is future funding like   | alv to be requeste  | ad?                                     | No   |  |  |  |
| _   | •                   |   | 140  |  |  |  |
| a. If yes, indicate no  | nrecurring amou     | nt per year.                            |  |  |  |  |
| b. Describe the sou   | rce of funding tha  | nt can be used in                       | n lieu of state funding.                         |  |  |  |
|   |                     |   |  |  |  |  |
|   |                     |   |  |  |  |  |
| 10. Has the entity requ   | esting this projec  | ct received any                         | federal assistance rela                          | ted to the COVID-                            | 19 pandemic?                           |  |
| No  |                     |   |  |  |  |  |
| If yes, indicate the  | amount of funds i   | received and wh                         | nat the funds were use                           | d for.                                       |  |  |



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| Complete questions 11  | and 12 for Fixed Capital Outlay Projects   |           |
|--|--|-----------|
| 11. Status of Construction                                     |  |           |
| a. What is the current phase o                                 | f the project?   |           |
| Planning  Design   | ○ Construction   |           |
| b. Is the project "shovel ready                                | " (i.e permitted)?   |           |
| c. What is the estimated start                                 | date of construction?  |           |
| d. What is the estimated comp                                  | pletion date of construction?  |           |
| relationship between the own  13. Details on how the requested | state funds will be expended   |           |
| Spending Category  | Description  | Amount    |
| Administrative Costs:  |  | 1         |
| Executive Director/Project Head Salary and Benefits            |  | C         |
| Other Salary and Benefits                                      |  | C         |
| Expense/Equipment/Travel/Supplies Other                        | 3/   | C         |
| Consultants/Contracted<br>Services/Study                       |  | C         |
| Operational Costs: Other                                       |  |           |
| Salary and Benefits  |  | C         |
| Expense/Equipment/Travel/Supplies Other                        | 5/   | C         |
| Consultants/Contracted<br>Services/Study                       |  | C         |
| <b>Fixed Capital Construction/Ma</b>                           | ijor Renovation:   |           |
| Construction/Renovation/Land/<br>Planning Engineering          | Design and construction of gravity force mains, gravity sewer lines, and other associated costs including work in the right of way and utility relocation costs. | 2,000,000 |
| <b>Total State Funds Requested</b>                             | (must equal total from question #6)  | 2,000,000 |
| 14. Program Performance a. What specific purpose or o          | goal will be achieved by the funds requested?  |           |
| The extension of the sanitary                                  | sewer system to commercial properties.   |           |
| b. What activities and service                                 | es will be provided to meet the intended purpose of these funds?   |           |
| The design and construction of                                 | of the sanitary sewer system including gravity mains.  |           |
| c What direct services will b                                  | a provided to citizens by the appropriation project?   |           |



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Access for connection to the sanitary sewer system and outreach and coordination during the project execution including maintenance of traffic, access to businesses, and other assistance as required.

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

The extension of the sewer system in the project area will serve an estimated 8 properties.

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

Property owners will be able to convert from septic tanks to the sanitary sewer system. This project will be measured by the number of properties provided access to the sewer system and the number of connections made by property owners.

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?

The penalties for failing to meet deliverables or performance measures is the risk of not recovering reimbursement cost and potential delay in project progress.

| 15. Requester Contact Information |   |           |        |  |  |
|-----------------------------------|---|-----------|--------|--|--|
| a. First Name                     | Roy   | Last Name | Coley  |  |  |
| b. Organization                   | Miami-Dade County, Water & Sewer Department |           |        |  |  |
| c. E-mail Address                 | roy.coley@miamidade.gov                     |           |        |  |  |
| d. Phone Number                   | (305)797-8207                               | Ext.      |        |  |  |
| 16. Recipient Contact Information |   |           |        |  |  |
| a. Organization                   | Miami-Dade Water ans Sewer                  |           |        |  |  |
| b. Municipality and               | y and County Miami-Dade                     |           |        |  |  |
| c. Organization Type              |   |           |        |  |  |
| □For Profit Entity                | y   |           |        |  |  |
| □Non Profit 501(d                 | ·)(3)                                       |           |        |  |  |
| □Non Profit 501(c                 |   |           |        |  |  |
| ☑Local Entity                     |   |           |        |  |  |
| □University or Co                 | llege                                       |           |        |  |  |
| □Other (please sp                 | pecify)                                     |           |        |  |  |
| d. First Name                     | Debbie                                      | Last Name | Griner |  |  |
| e. E-mail Address                 | debbie.griner@miamidad                      | de.gov    |        |  |  |
| f. Phone Number                   | (305)582-6349                               |           |        |  |  |
| 17. Lobbyist Contact I            | nformation                                  |           |        |  |  |
| a. Name                           | Jared Rosenstein                            |           |        |  |  |
| b. Firm Name                      | Capital City Consulting LLC                 |           |        |  |  |



6/30/2027

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|     | c. E-mail Address  | jared@cccfla.com                        |  |  |  |  |  |
|-----|--|---|--|--|--|--|--|
|     | d. Phone Number  | (786)247-8716                           |  |  |  |  |  |
| ΡI  | Please complete the questions below for Water Projects only. |   |  |  |  |  |  |
| 18. | Have you applied f   | or alternative state funding?           |  |  |  |  |  |
|     | ☐ Waste Water Revolving Loan                                 |   |  |  |  |  |  |
|     | ☐ Drinking Water Revolving Loan                              |   |  |  |  |  |  |
|     | ☐ Small Community Wastewater Treatment Grant                 |   |  |  |  |  |  |
|     | ☐ Other (please specify)                                     |   |  |  |  |  |  |
|     | ☑ N/A  |   |  |  |  |  |  |
| 19. | What is the popula   | tion economic status?                   |  |  |  |  |  |
|     | ☐ Financially Disa   | dvantaged 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  |   |  |  |  |  |  |
| 20. | What is the status   | of construction?                        |  |  |  |  |  |
|     | Not started  |   |  |  |  |  |  |
| 21. | What percentage o  | f the construction has been completed?  |  |  |  |  |  |
|     | 0  |   |  |  |  |  |  |
| 22. | 2. What is the estimated completion date of construction?    |   |  |  |  |  |  |