

LFIR # 2557

| 1. | Project Title  | Opa-locka Wast   | e Water System   | Improvement (Lift Station   | n 9,12,16)  |  |
|----|--|--|--|---|---|--|
| 2. | Senate Sponsor   | Shevrin Jones  |  |   |   |  |
|    | Date of Request  | 03/02/2023   |  |   |   |  |
| 4. | Project/Program Des  | scription  |  |   |   |  |
| _  | sewer back-up events which includes install buildings will be demoustation is very old and Department of Environ replacement of existing which is several to be a several to b | s. The project invo<br>ation of a new wet<br>olished, and the si<br>tion. Lift stations n<br>d maintained on a<br>onmental Resource<br>ng Sewer Sanitary | lves the upgrade<br>e-well, valve vault<br>te will be restored<br>umber 9,12,16 a<br>regular basis. As<br>as Management (<br>lines and manho |   | more compact subred associated pipel control panel will be aich disallows any neement with Miamilires rehabilitation, a | mersible configuration,<br>line. The station<br>e elevated to comply<br>ew construction. The<br>-Dade County |
| 5. | State Agency to reco   | eive requested tu  | inas 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   |  |  |   | 0   |  |
|    | Fixed Capital Outlay   |  |  |   | 2,250,000   |  |
|    | Total State Funds R  | equested   |  | 2,250,000   |   |  |
|    |  |  |  |   |   |  |
| 7. | Total Project Cost fo  | or Fiscal Year 202   | 3-2024 (includin   | ng matching funds avai  | lable for this proje  | ect)   |
| 7. | Type of Funding  |  |  | ng matching funds avai  | ilable for this proje<br>Percentage   | ect)   |
| 7. | Type of Funding Total State Funds Re   |  |  |   |   | ect)   |
| 7. | Type of Funding Total State Funds Re Matching Funds  |  |  | Amount 2,250,000  | Percentage 90%  | ect)   |
| 7. | Type of Funding Total State Funds Re Matching Funds Federal  | equested (from que   | estion #6)   | Amount 2,250,000  | Percentage 90%  | ect)   |
| 7. | Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a   | equested (from que   | estion #6)   | Amount 2,250,000 0  | Percentage 90% 0% 0%  | ect)   |
| 7. | Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a   | equested (from que   | estion #6)   | Amount 2,250,000 0 0 250,000  | Percentage 90% 0% 0% 10%  | ect)   |
| 7. | Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a Local Other   | equested (from que<br>amount of this requ  | estion #6)   | Amount 2,250,000  0 0 250,000 0   | Percentage 90% 0% 0% 10% 0%   | ect)   |
| 7. | Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a   | equested (from que<br>amount of this requ  | estion #6)   | Amount 2,250,000 0 0 250,000  | Percentage 90% 0% 0% 10%  | ect)   |
|    | Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a Local Other   | equested (from que<br>amount of this requ<br>for Fiscal Year 20  | pestion #6)  uest)  023-2024   | Amount 2,250,000  0 0 250,000 0   | Percentage 90% 0% 0% 10% 0%   | ect)   |
|    | Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs Has this project pres   | equested (from que<br>amount of this requ<br>for Fiscal Year 20<br>viously received  | pestion #6)  uest)  023-2024   | Amount  2,250,000  0  250,000  0  2,500,000  No  Specific               | Percentage 90% 0% 0% 10% 0%   | ect)   |
|    | Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs Has this project pres   | equested (from que<br>amount of this requ<br>for Fiscal Year 20<br>viously received  | pestion #6)  uest)  023-2024  state funding?   | Amount  2,250,000  0  250,000  0  2,500,000  No  Specific               | Percentage 90% 0% 0% 10% 100%   | ect)   |
|    | Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs Has this project pres   | equested (from que<br>amount of this requ<br>for Fiscal Year 20<br>viously received  | estion #6)  uest)  023-2024  state funding?  | Amount  2,250,000  0  250,000  0  2,500,000  No  Specific               | Percentage 90% 0% 0% 10% 100%   | ect)   |
| 8. | Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs Has this project pres   | equested (from que<br>eamount of this requested Year 20<br>viously received<br>Amo   | estion #6)  D23-2024  State funding?  Dunt  Nonrecurring   | Amount  2,250,000  0  250,000  0  2,500,000  No  Specific               | Percentage 90% 0% 0% 10% 100%   | ect)   |
| 8. | Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs  Has this project pre Fiscal Year (yyyy-yy)   | for Fiscal Year 20 viously received  Amore Recurring   | estion #6)  D23-2024  State funding?  Dunt  Nonrecurring   | Amount  2,250,000  0  250,000 0  2,500,000 No  Specific Appropriation # | Percentage 90% 0% 0% 10% 100%   | ect)   |
| 8. | Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs Has this project pre Fiscal Year (yyyy-yy)  Is future funding like a. If yes, indicate no   | for Fiscal Year 20 viously received  Amo Recurring  ely to be requested  | estion #6)  D23-2024  State funding?  Dunt  Nonrecurring  ed?  Int per year.   | Amount  2,250,000  0  250,000 0  2,500,000 No  Specific Appropriation # | Percentage 90% 0% 0% 10% 100%   | ect)   |
| 8. | Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs Has this project pre Fiscal Year (yyyy-yy)  Is future funding like a. If yes, indicate no   | for Fiscal Year 20 viously received  Amo Recurring  ely to be requested  | estion #6)  D23-2024  State funding?  Dunt  Nonrecurring  ed?  Int per year.   | Amount  2,250,000  0  250,000 0  2,500,000 No  Specific Appropriation # | Percentage 90% 0% 0% 10% 100%   | ect)   |

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



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11. Status of Construction

a What is the gurrent phase of the project?

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

Four million (\$4,000,000) total: Two million (\$2,000,000) Food assistance cash cards; Two million (\$2,000,000) Various City activities to minimize the impact of the Covid-19 pandemic.

#### Complete questions 11 and 12 for Fixed Capital Outlay Projects

| a. What is the current phase of the project? |                            |                       |            |
|--|----------------------------|-----------------------|------------|
| Planning                                     | <ul><li>● Design</li></ul> | Construction          |            |
| b. Is the project                            | "shovel ready              | y" (i.e permitted)?   | No         |
| c. What is the es                            | timated start              | date of construction? | 09/01/2023 |

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.

|                   | , |  |
|-------------------|---|--|
| City of Opa-locka |   |  |

05/30/2024

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

d. What is the estimated completion date of construction?

| Spending Category                                     | Description  | Amount    |
|---|--|-----------|
| Administrative Costs:                                 |  |           |
| Executive Director/Project Head Salary and Benefits   |  | 0         |
| Other Salary and Benefits                             |  | 0         |
| Expense/Equipment/Travel/Supplies/<br>Other           |  | 0         |
| Consultants/Contracted Services/Study                 |  | 0         |
| Operational Costs: Other                              |  |           |
| Salary and Benefits                                   |  | 0         |
| Expense/Equipment/Travel/Supplies/<br>Other           |  | 0         |
| Consultants/Contracted<br>Services/Study              |  | 0         |
| Fixed Capital Construction/Majo                       | r Renovation:  |           |
| Construction/Renovation/Land/<br>Planning Engineering | -Rehabilitate existing wet wells; Install new submersible pumps to meet existing and future peak flows; Install new control panels and telemetry systems; Install new valve boxes, valves, and gages; Line or replace existing manholes; Line or replace existing sanitary sewer lines | 2,250,000 |
| Total State Funds Requested (m                        | ust equal total from question #6)  | 2,250,000 |

#### 14. Program Performance

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



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Rehabilitation of Pump Station Number 16 will remove the moratorium, reduce inflow and infiltration and educe sewer back-up events. The project involves the upgrade of one lift station into a more compact submersible configuration, which includes installation of a new wet-well, valve vault, control panel, pumps and associated pipeline. The station building will be demolished, and the site will be restored with grass areas. The control panel will be elevated to comply with base flood elevation.

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

Rehabilitate existing wet wells; Install new submersible pumps to meet existing and future peak flows; Install new control panels and telemetry systems; Install new valve boxes, valves, and gages; Line or replace existing manholes. Line or replace existing sanitary sewer lines.

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

The systems currently service residential communities and commercial properties where several sewer back-ups and pump failure have occurred. The City is aware of the health and environmental hazards and is currently working on addressing the issues. Rehabilitating the LS will not only eliminate potential health risks and sewer back-ups, but improve the overall hydraulic performance.

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

The majority of funds will benefit no specific group. The expected individuals to be served is over 800 persons.

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

Benefit: Increase and improve economic activity

The rehabilitation of Sanitary Sewer Lift Stations (9, 12 and 16), will provide the business and residential areas the ability to connect to our sanitary sewer system.

Methodology

Improvement of the overall hydraulic performance of the systems will allow for future development within the service areas.

Improve wastewater management

Benefit

Reduction of sewer back-ups and failures which will result in diminish the level of contamination and improve the quality of water

Methodology

Reduction of sewer back-ups and failures by rehabilitating lift stations 16 will not only eliminate potential health risks and sewer back-ups, but improve the overall hydraulic performance of the service area, and will allow for future development within the service area. This can be tracked by a reduction of gallons of waste effluents.

Benefit

Improve surface water quality This can be measured by a reduction of Total Maximum Daily Load (TMDL)

### 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?

If the City fails to meet deliverables, performance measures and/or completion of the project without a reasoning a penalty requiring reimbursement of appropriated funds received should be imposed with a 30 days calendar notice.

#### 15. Requester Contact Information

| a. First Name     | Darvin                   | Last Name | Williams |
|-------------------|--------------------------|-----------|----------|
| b. Organization   | City of Opa-locka        |           |          |
| c. E-mail Address | dwilliams@opalockafl.gov | ,         |          |
| d. Phone Number   | (305)953-2821            | Ext.      |          |

#### 16. Recipient Contact Information



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|     |   | 0'1 - 1 0 - 1 - 1 -      |                            |  |  |
|-----|---|--------------------------|----------------------------|--|--|
|     | a. Organization City of Opa-locka   |                          |                            |  |  |
|     | b. Municipality and County Miami-Dade   |                          |                            |  |  |
|     | c. Organization Ty  | pe                       |                            |  |  |
|     | □For Profit Entity  |                          |                            |  |  |
|     | □Non Profit 501(d   | c)(3)                    |                            |  |  |
|     | □Non Profit 501(d   | c)(4)                    |                            |  |  |
|     | ☑Local Entity   |                          |                            |  |  |
|     | □University or Co   | ollege                   |                            |  |  |
|     | □Other (please sp   | pecify)                  |                            |  |  |
|     | d. First Name   | Adelina                  | Last Name Gross            |  |  |
|     | e. E-mail Address   | agross@opalockafl.gov    |                            |  |  |
|     | f. Phone Number   | (305)953-2821            |                            |  |  |
| 17. | Lobbyist Contact I  | Information              |                            |  |  |
|     | a. Name   | Yolanda Cash Jackson     |                            |  |  |
|     | b. Firm Name  | Becker & Poliakoff PA    |                            |  |  |
|     | c. E-mail Address   | yjackson@beckerlawyers   | yjackson@beckerlawyers.com |  |  |
|     | d. Phone Number   | (954)985-4132            |                            |  |  |
|     | Please complete the questions below for Water Projects only.  18. Have you applied for alternative state funding? |                          |                            |  |  |
|     | ☐ Waste Water R   | levolving Loan           |                            |  |  |
|     | □ Drinking Water Revolving Loan   |                          |                            |  |  |
|     | ☐ Small Community Wastewater Treatment Grant  |                          |                            |  |  |
|     | ☐ Other (please specify)  |                          |                            |  |  |
|     | ☑ N/A   |                          |                            |  |  |
| 19. | What is the popula  | ation economic status?   |                            |  |  |
|     | ☑ Financially Disa  | advantaged Community (ch | n. 62-552, F.A.C)          |  |  |
|     | ☐ Financially Disadvantaged Municipality (ch. 62-552, F.A.C)  |                          |                            |  |  |
|     | □ Rural Area of Economic Concern  |                          |                            |  |  |



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|       | ☐ Rural Area of Opportunity (s. 288.0656, Florida Statutes) |
|-------|---|
|       | □ N/A   |
| 20. \ | What is the status of construction?                         |
|       | Not ready   |
| 21. \ | What percentage of the construction has been completed?     |
|       | 0   |
| 22. \ | What is the estimated completion date of construction?      |
|       | 05/30/2024  |