1. **Title of Project:** Sewer Lining - East Side Area
2. **Senate Sponsor:** Perry Thurston
3. **Date of Submission:** 11/14/2017
4. **Project/Program Description:**
   The reduction of inflow and infiltration into the sanitary sewer system by lining existing vitrified clay sewer main and lateral pipes in the east side area of the city, which is an area with aging infrastructure. The lining program will “reduce operation costs” and procure the “health and safety of the community” by preventing adverse environmental impact.
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:**

<table>
<thead>
<tr>
<th>Amount Requested for Operations</th>
<th>Amount Requested for Fixed Capital Outlay</th>
<th>Total Amount of Requested State Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,500,000</td>
<td>1,500,000</td>
<td>1,500,000</td>
</tr>
</tbody>
</table>
7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,500,000
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.

<table>
<thead>
<tr>
<th>FY:</th>
<th>Input Prior FY Appropriation for this project for FY 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)</td>
</tr>
<tr>
<td>Column:</td>
<td>A</td>
</tr>
<tr>
<td>Funds Description:</td>
<td>Prior Year Recurring Funds *</td>
</tr>
</tbody>
</table>

Input Amounts:

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

   Yes

   a. If yes, indicate non-recurring amount per year.

   $1,500,000 - $3,000,000

11. Program Performance:

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

      To reduce inflow and infiltration into the sanitary sewer system by lining existing vitrified clay sewer main and lateral pipes in the east side area of the city, which is an area with aging Infrastructure. The lining program will "reduce operation costs" and procure the "health and safety of the community" by preventing adverse environmental impact.

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

      Installation of cured in pipe lining to reduce inflow and infiltration into the sanitary sewer system.

   c. How will the funds be expended?

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐Other Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Local Funding Initiative Request - Fiscal Year 2018-2019

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fixed Capital Construction/Major Renovation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construction/Renovation/Land/Planning Engineering</td>
<td>Installation of cured in pipe lining to reduce inflow and infiltration into the sanitary sewer system.</td>
<td>1,500,000</td>
</tr>
</tbody>
</table>

**TOTAL** 1,500,000

d. **What are the direct services to be provided to citizens by the appropriations project?**
   
   Unobstructed conveyance of wastewater leaving the residents homes.

e. **Who is the target population served by this project? How many individuals are expected to be served?**
   
   This initial phase will affect the Eastern area of our City which includes Census Tracts 60401, 60402 and 60403 for a total population of 16,060.

f. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
   
   Reduced inflow and infiltration of groundwater and stormwater into the City's sanitary sewer system. Comparing inflow and infiltration data prior to the lining project with data after project is complete.

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?**
   
   Failure to meet deliverables or performance measures will result in written notification to correct within 30 days; if still not corrected the Agency shall submit termination of Agreement in writing to include effective date of termination and if terminated prior to project completion the Agency shall be paid only for the percentage of the Project satisfactorily performed for which costs can be substantiated. Contractor shall be notified they will not be eligible for future awards.

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
The Florida Senate
Local Funding Initiative Request - Fiscal Year 2018-2019

13. Requestor Contact Information:
   a. Name: Desorae Giles Smith
   b. Organization: City of Lauderhill
   c. Email: dgiles@lauderhill-fl.gov
   d. Phone Number: (954)730-3000

14. Recipient Contact Information:
   a. Organization: City of Lauderhill
   b. County: Broward
   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: Herb Johnson
   e. E-mail Address: hjohnson@lauderhill-fl.gov
   f. Phone Number: (954)730-4207

15. If there is a registered lobbyist, fill out the lobbyist information below.
   a. Name: Mario Bailey
   b. Firm: Becker & Poliakoff
   c. Email: mbailey@bplegal
   d. Phone Number: (850)412-1115

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?
   Plans are 90% complete.

19. What percentage of construction has been completed?
   0% July 31, 2018.

20. What is the estimated completion date of construction?
   July 31, 2018.