



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Parkland - Drainage Canal Bank Stabilization

2. **Senate Sponsor:** Kevin Rader

3. **Date of Submission:** 11/21/2017

4. **Project/Program Description:**

The City of Parkland is seeking financial assistance with the cost of drainage canal bank stabilization in an area of the City known as "the Ranches". This area was and continues to be largely agricultural. Roadways have a drainage "ditch" (canal) on one or both sides of the roadway. Over time, the canal banks have eroded and are now undermining these roadways. The City is seeking funding for a small scale program to stabilize these canal banks and ensure continued safety of the roads.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Environmental Protection

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

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
	500,000	500,000

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	165,000	24.8%
Other	0	0.0%
TOTAL	165,000	24.8 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 665,000

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?



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18 <i>(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)</i>		
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?

Stabilization of canal banks and adjacent roadways.

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

Stabilization of canal banks and adjacent roadways.

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 type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



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<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Geotechnical, surveying, design, etc.	50,000
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Construction	450,000
TOTAL		500,000

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

Roadway safety.

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

Residents and visitors utilizing these roadways.

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

Stability of canal banks and longevity of adjacent roadways.

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?

N/A

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: Carole Morris

b. Organization: City of Parkland

c. Email: cmorris@cityofparkland.org

d. Phone Number: (954)757-4114

14. Recipient Contact Information:

a. Organization: City of Parkland

b. County: Broward

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:** Carole Morris

e. **E-mail Address:** cmorris@cityofparkland.org

f. **Phone Number:** (954)757-4114

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

a. **Name:** None

b. **Firm:** None

c. **Email:**

d. **Phone Number:**

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?

Construction not yet underway.

19. What percentage of construction has been completed?

0%

20. What is the estimated completion date of construction?

Project construction would take place during 2018-19 fiscal year.