1. **Title of Project:** City of Pembroke Pines Utility Water Main Project

2. **Senate Sponsor:** Lauren Book

3. **Date of Submission:** 12/12/2017

4. **Project/Program Description:**
   Retire in place 72,000 linear feet of galvanized pipe and replace with PVC water main

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>2,000,000</td>
<td>2,000,000</td>
<td></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>2,000,000</td>
<td>50.0%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2,000,000</td>
<td>50.0%</td>
</tr>
</tbody>
</table>

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 4,000,000

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

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

<table>
<thead>
<tr>
<th>Column</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds Description</td>
<td>Prior Year Recurring Funds</td>
<td>Prior Year Nonrecurring Funds</td>
<td>Total Funds Appropriated (Column A + Column B)</td>
</tr>
</tbody>
</table>

| 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?
      Improve water quality and service to all City of Pembroke Pines residents in the SW section of the city.

   b. What are the activities and services that will be provided to meet the intended purpose of these funds?
      Permanently remove from service and retire in-place, approximately 72,000 LF of deteriorated 2” galvanized water main and installation of the same amount of 6” PVC water main, inclusive of service connections to relocate service to the front of residences.

   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>
<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>
</tbody>
</table>
d. What are the direct services to be provided to citizens by the appropriations project?
   
   Improve water quality and service to all City of Pembroke Pines residents in the SW section of the city.

e. Who is the target population served by this project? How many individuals are expected to be served?
   
   All residents and visitors to the SW section of the City of Pembroke Pines; approx 41,250 people.

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
   
   Improve water quality and service to all City of Pembroke Pines residents in the SW section of the city. Will be measured by feedback from the community and lack of complaints.

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?
   
   None

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 Pembroke Pines- Entity owned.

13. Requestor Contact Information:
   a. Name: Aner Gonzalez
   b. Organization: City of Pembroke Pines
   c. Email: agonzalez@ppines.com
   d. Phone Number: (954)450-1034

14. Recipient Contact Information:
   a. Organization: City of Pembroke Pines
   b. County: Broward
   c. Organization Type:  
      0 For Profit

<table>
<thead>
<tr>
<th>Consultant/Contracted Services/Study</th>
<th>Replacement of Water Main-72,000 linear feet of galvanized pipe including service connections and relocation of meters</th>
<th>2,000,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Capital Construction/Major Renovation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>✗ Construction/Renovation/Land/Planning Engineering</td>
<td></td>
<td>2,000,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>2,000,000</td>
</tr>
</tbody>
</table>
The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Entity
- University or College
- Other (Please specify)

d. **Contact Name:** Aner Gonzalez
e. **E-mail Address:** agonzalez@ppines.com
f. **Phone Number:** (954)450-1034

15. **If there is a registered lobbyist, fill out the lobbyist information below.**
   a. **Name:** Candice Ericks
   b. **Firm:** Ericks Consultants
c. **Email:** candice@ericksconsultants.com
d. **Phone Number:** (954)648-1204

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?**
   
   - not ready

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

20. **What is the estimated completion date of construction?**
Expected completion date- 1 year to 18 months - 7/31/2019