



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** City of Coral Springs Drainage Infrastructure

2. **Senate Sponsor:** Lauren Book

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

4. **Project/Program Description:**

This project provides more storage for stormwater run-off by installing catch basins, drainage piping and grading swales where applicable to improve the stormwater quality prior to the discharge into receiving water bodies (Sunshine Water Control District canals; the C-14 canal and ultimately the Atlantic Ocean), reestablishes swale storage and conveyance in the neighborhood to eliminate standing water and provides flood mitigation for up to a 100-year three day storm event.

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:**

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	500,000	50.0%
Other	0	0.0%
TOTAL	500,000	50.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,000,000

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?



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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?

Expected program results include the rehabilitation of the storm water system by providing more storage within the basins to alleviate potential flooding and allowing for more storm water to percolate into the ground water. Conveyance to the outfalls will also be established and re-established. The expected benefit is to improve the storm water quality prior to the discharge into receiving water bodies (Sunshine Water Control District canals; the C-14 canal and ultimately the Atlantic Ocean). By re-establishing swale depths we are providing pre-treatment that has been eliminated from the area over time (as the swales lost storage capacity).

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

Project design documents from the engineer will be provided prior to construction; dated color photographs of the site prior to, during, and immediately following completion of the task; as-built certification; signed statement from a Florida Licensed Professional Engineer indicating construction has been completed in accordance with the design and acceptance of the completed project by the grantee.

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		



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<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		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Contractor will provide installation of catch basins, drainage piping and grading swales.	500,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

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

The citizens will be provided a stormwater system with more storage within the basins to alleviate potential flooding and allowing for more stormwater to percolate into the ground water.

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

The 1.8 million residents of Broward County will benefit from these State funds as storm water will improve prior to discharge into local canals and ultimately the Atlantic Ocean.

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

The rehabilitation of the storm water system by providing more storage within the basins to alleviate potential flooding and allowing for more storm water to percolate into the ground water. Conveyance to the outfalls will also be established and re-established. Project design documents from the engineer will be provided prior to construction; dated color photographs of the site prior to, during, and immediately following completion of the task; as-built certification; signed statement from a Florida Licensed Professional Engineer indicating construction has been completed in accordance with the design and acceptance of the completed project by the grantee.

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



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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 Coral Springs

13. Requestor Contact Information:

- a. **Name:** Susan Grant
- b. **Organization:** City of Coral Springs
- c. **Email:** sgrant@coralsprings.org
- d. **Phone Number:** (954)344-1144

14. Recipient Contact Information:

- a. **Organization:** City of Coral Springs
- 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) Municipality
- d. **Contact Name:** Michael Goodrum
- e. **E-mail Address:** mgoodrum@coralsprings.org
- f. **Phone Number:** (954)344-1006

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?



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- 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 started

19. What percentage of construction has been completed?

zero

20. What is the estimated completion date of construction?

not known at the moment