1. **Title of Project:** Town of Davie Westside Drainage Improvements

2. **Senate Sponsor:** Lauren Book

3. **Date of Submission:** 12/13/2017

4. **Project/Program Description:**
   The project provides drainage relief to the commercial and residential areas west of Davie Road. It will provide storm sewers and retention capabilities for the area, which will allow for commercial property owners to expand and improve their sites. The project also involves a roadway improvement component to alleviate heavy traffic backup issues on Davie Road.

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>150,000</td>
<td>150,000</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>500,000</td>
<td>76.9%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>500,000</td>
<td>76.9%</td>
</tr>
</tbody>
</table>

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds): 650,000**

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

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?

      Construct and improve storm water management projects in west Davie based on recommendations by the newly adopted Storm water Master Plan.

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

      Plan and implement projects to alleviate flooding and other environmental damage related to seasonal storms and extreme rain events.

   c. How will the funds be expended?

      | Spending Category            | Description                        | Amount |
      |------------------------------|------------------------------------|--------|
      | Administrative Costs         |                                    |        |
      | ☐ Executive Director/Project Head Salary and Benefits |                                    |        |
      | ☐ Other Salary and Benefits  |                                    |        |
      | ☐ Expense/Equipment/Travel/Supplies/Other |                                    |        |
      | ☐ Consultants/Contracted Services/Study |                                    |        |
      | Operational Costs            |                                    |        |
      | ☐ Salary and Benefits        |                                    |        |
### The Florida Senate

**Local Funding Initiative Request - Fiscal Year 2018-2019**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
</tr>
<tr>
<td>Fixed Capital Construction/Major Renovation</td>
<td></td>
</tr>
<tr>
<td>Construction/Renovation/Land/Planning Engineering</td>
<td>Funds will be applied to actual infrastructure improvements.</td>
</tr>
<tr>
<td></td>
<td>$150,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$150,000</td>
</tr>
</tbody>
</table>

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

Improved conveyance of stormwater and mitigation of flood hazards to residential areas.

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

Residential areas highly susceptible to flood conditions even during heavy season rains.

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

The town will be monitoring stormwater conveyance, flood events, and property loss and damages.

**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?

Funding be returned to the state if not utilized in the agreed upon period of performance.

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.

Town of Davie. The town is implementing the projects.

13. Requestor Contact Information:

   a. Name: Mitch Taylor
   b. Organization: Town of Davie
   c. Email: mtaylor@davie-fl.gov
   d. Phone Number: (954)797-1190

14. Recipient Contact Information:

   a. Organization: Town of Davie
   b. County: Broward
   c. Organization Type:
      - For Profit
      - Non Profit 501(c) (3)
      - Non Profit 501(c) (4)
      - Local Entity
The Florida Senate
Local Funding Initiative Request - Fiscal Year 2018-2019

☐ University or College
☐ Other (Please specify)

d. Contact Name: Mitch Taylor
e. E-mail Address: mtaylor@davie-fl.gov
f. Phone Number: (954)797-1190

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?
   Projects are in the midst of identification and planning phase.

19. What percentage of construction has been completed?
   0 percent

20. What is the estimated completion date of construction?
   Project are slated for FY2018, 2019, and 2020.