



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Miami-Dade County Ocean Outfall Treatment System Mandate

2. **Senate Sponsor:** Oscar Braynon

3. **Date of Submission:** 01/04/2018

4. **Project/Program Description:**

State law requires sewer utilities in southeast Florida to stop utilizing ocean outfalls for routine disposal of treated wastewater as of 2025. Meeting all of the requirements associated with this mandate is expected to cost more than \$5 billion in capital costs. This request is for \$2 million to support land acquisition expected to cost \$15 million as the site for a new sewer plant budgeted to cost about \$2 billion.

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
	2,000,000	2,000,000

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	13,000,000	86.7%
Other	0	0.0%
TOTAL	13,000,000	86.7 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 15,000,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



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

Yes

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

For other parts of the Ocean Outfall compliance effort. Amounts unknown at this time

11. Program Performance:

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

Providing a new location for treatment of wastewater prior to reuse or disposal

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

Land Procurement

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		



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<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	N/A	2,000,000
TOTAL		2,000,000

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

Wastewater treatment services

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

Plant will serve approximately one quarter of daily sewer demands

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

Specific outcome of this request will be purchase of land

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?

This will be an eminent domain proceeding pursuant to state law.

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.

Miami-Dade County will own this plant

13. Requestor Contact Information:

- a. Name: Lester Sola
- b. Organization: Miami-Dade County Water and Sewer Department
- c. Email: Lester.Sola@miamidade.gov
- d. Phone Number: (786)552-8200

14. Recipient Contact Information:

- a. Organization: Miami-Dade County Water and Sewer Department
- b. County: Miami-Dade
- 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: Lester Sola

e. E-mail Address: Lester.Sola@miamidade.gov

f. Phone Number: (786)552-8200

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?

Not Started

19. What percentage of construction has been completed?

None

20. What is the estimated completion date of construction?

None