1. Title of Project: Greenacres Original Section Drainage Improvements

2. Senate Sponsor: Kevin Rader

3. Date of Submission: 01/12/2018

4. Project/Program Description:
   The proposed project will create an engineered drainage system to collect, store and convey storm water runoff in the Original Section (Platted in 1925) of the City which will reduce flooding, improve performance and reduce future maintenance needs.

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>125,000</td>
<td>83.3%</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>150,119</td>
<td>100.1%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>275,119</td>
<td>183.4%</td>
</tr>
</tbody>
</table>

8. Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds): 150,000

9. Previous Year Funding Details:
   a. Has funding been provided in a previous state budget for this activity? Yes
   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 for FY 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)</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?
   
   Yes
   
   a. If yes, indicate non-recurring amount per year.
   
   Less than 1,000,000

11. Program Performance:

   a. What is the specific purpose or goal that will be achieved by the funds requested?
      
      The proposed project will create an engineered drainage system to collect, store and convey storm water runoff in the Original Section (Platted in 1925) of the City which will reduce flooding, improve performance and reduce future maintenance needs.

   b. What are the activities and services that will be provided to meet the intended purpose of these funds?
      
      Cleaning, excavation, and grading the storm water system.

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>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>Fixed Capital Construction/Major Renovation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construction/Renovation/Land/Planning Engineering</td>
<td>For FY 2018, enhancement of the existing storm water drainage system for the southeastern corner of the Original Section will occur by increasing capacity and conveyance effectiveness at the existing alleys</td>
<td>150,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>150,000</td>
</tr>
</tbody>
</table>

d. **What are the direct services to be provided to citizens by the appropriations project?**
   - Reduction of polluted storm water runoff and protect County and State water conveyance systems.
   - Enhance/preserve/improve environmental or fish and wildlife quality, create specific immediate job opportunities, improve stormwater management, and improve surface & groundwater quality.

e. **Who is the target population served by this project? How many individuals are expected to be served?**
   - City of Greenacres and general public

f. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
   - Reduction of pollution into groundwater by improvements to the alleyway swale and retention area.
   - Reduction of pollutants leading into the LWDD Canal E-3, LWDD Canal L-11, and LWDD Canal L-10. Possible prevention of future environmental hazards, such as localized flooding over 57.3 acres of residential and some commercial properties within the City's Original Section, Platted in 1925.


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 Greenacres

13. **Requestor Contact Information:**
   a. Name: Andrea McCue
b. Organization: City of Greenacres  
c. Email: amccue@greenacresfl.gov  
d. Phone Number: (561)642-2017  

14. Recipient Contact Information:  
a. Organization: City of Greenacres  
b. County: Palm Beach  
c. Organization Type:  
  ○ For Profit  
  ○ Non Profit 501(c) (3)  
  ○ Non Profit 501(c) (4)  
  ☑ Local Entity  
  ○ University or College  
  ○ Other (Please specify)  
d. Contact Name: Kara Ferris  
e. E-mail Address: kferris@greenacres.gov  
f. Phone Number: (561)642-2040

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)
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?
    12/31/2018