1. Title of Project: City of Miami Beach Supervisory Control and Data Acquisition (SCADA)

2. Senate Sponsor: Daphne Campbell

3. Date of Submission: 01/17/2018

4. Project/Program Description:

   Project Name: Supervisory Control and Data Acquisition System (SCADA). This is the priority project for the City of Miami Beach. SCADA is a software system that will operate the City’s water, sewage disposal and stormwater pumps through automated technology. It is important to the city because it will allow the pumps to be operated efficiently from a central location, and it will identify system failures and prevent public health situations such as failure in the sewage system, causing backup to streets and homes.

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>500,000</td>
<td>500,000</td>
<td>500,000</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>80.0%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2,000,000</td>
<td>80.0%</td>
</tr>
</tbody>
</table>

8. Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds): 2,500,000

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?

      Prevent public health situations by preventing failures in the sewage system, and reducing flooding to homes and businesses.

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

      Acquisition and installation of software system to prevent public health situations by preventing failures in the sewage system, and reducing flooding to homes and businesses

   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>Expense/Equipment/Travel/Supplies/Other</th>
<th>Consultants/Contracted Services/Study</th>
<th>Supervisory Control &amp; Data Acquisition</th>
<th>500,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Capital Construction/Major Renovation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construction/Renovation/Land/Planning Engineering</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td>500,000</td>
</tr>
</tbody>
</table>

d. **What are the direct services to be provided to citizens by the appropriations project?**
   
   Prevent public health situations by preventing failures in the sewage system, and reducing flooding to homes and businesses.

e. **Who is the target population served by this project? How many individuals are expected to be served?**
   
   Residents and visitors to Miami Beach totaling on average 200,000 individuals.

f. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
   
   Prevent public health situations by preventing failures in the sewage system, and reducing flooding to homes and businesses. Measures will include: Number of water main breaks; % of residents and businesses rating storm drainage as excellent or good; number of failures in sewage system; number of failures in stormwater system

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.
   
The City of Miami Beach is the owner and the entity requesting funding

13. Requestor Contact Information:
   a. Name: Judy Hoanshelt
   b. Organization: City of Miami Beach
   c. Email: judyhoanshelt@miamibeachfl.gov
   d. Phone Number: (305)673-7510

14. Recipient Contact Information:
   a. Organization: City of Miami Beach
   b. County: Miami-Dade
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: Judy Hoanshelt

e. E-mail Address: judyhoanshelt@miamibeachfl.gov

f. Phone Number: (305)673-7510

15. If there is a registered lobbyist, fill out the lobbyist information below.
   a. Name: Jerry McDaniel
   b. Firm: Southern Strategy Group
   c. Email: mcdaniel@sostrategy.com
   d. Phone Number: (850)566-6068

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?
   - Construction is pending

19. What percentage of construction has been completed?
   - None
20. What is the estimated completion date of construction?

   Estimated construction completion date is December 2018