



# The Florida Senate

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

1. **Title of Project:** City of Coconut Creek - Wynmoor Potable Water Line Retrofit Project

2. **Senate Sponsor:** Kevin Rader

3. **Date of Submission:** 11/20/2017

4. **Project/Program Description:**

Replacement of aging potable water lines within the Wynmoor Community service area.

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?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>			

### 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?

To replace aging potable water lines within a 55+ community service area that are regularly breaking.

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

Proposed pipe-bursting methodology to be used to replace existing plastic lines with HDPE pipe.

#### 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		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Construction	500,000
TOTAL		500,000

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

To provide reliable and clean potable water to the 55+ community of Wynmoor.

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

55+ community of Wynmoor of approximately 10,000 residents.

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

Reliable and clean potable water to the community of Wynmoor to mitigate service interruptions from breaks/failures in the aging water pipes.

**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?**

N/A

**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 Coconut Creek

**13. Requestor Contact Information:**

- a. **Name:** Bernadette Hughes
- b. **Organization:** City of Coconut Creek
- c. **Email:** bhughes@coconutcreek.net
- d. **Phone Number:** (954)973-6720

**14. Recipient Contact Information:**

- a. **Organization:** City of Coconut Creek
- 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)



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- d. Contact Name:** Bernadette Hughes  
**e. E-mail Address:** bhughes@coconutcreek.net  
**f. Phone Number:** (954)973-6720

**15. If there is a registered lobbyist, fill out the lobbyist information below.**

- a. Name:** Lauren Jackson  
**b. Firm:** Ericks Consultants  
**c. Email:** Lauren@ericksconsultants.com  
**d. Phone Number:** (850)224-0880

**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?**

Planning Phase, Pre-construction

**19. What percentage of construction has been completed?**

0%

**20. What is the estimated completion date of construction?**

TO BE DETERMINED