



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** City of Miami Beach North Beach Water Infrastructure Improvements

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 11/30/2017

4. **Project/Program Description:**

Project Name: North Beach Neighborhood Improvements. This project is a neighborhood infrastructure improvement project. The project will include replacement of the water distribution system. The improved system will be more reliable, resulting in fewer water main breaks, and will provide adequate water flow for fire department sprinklers.

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	4,500,000	90.0%
Other	0	0.0%
TOTAL	4,500,000	90.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 5,000,000

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?



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
e. Complete the following Worksheet.

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?

No

11. Program Performance:

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

Funding will be spent on infrastructure improvements to the North Beach neighborhood, including water distribution system replacement.

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

Provision of adequate water supply to meet average daily demand.

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	Neighborhood water infrastructure improvements.	500,000
TOTAL		500,000

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

Provision of adequate water supply to meet average daily demand.

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

Miami Beach residents and tourists, 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?

Reliable water system, fewer water main breaks, adequate water flow for fire department sprinklers.

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.

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



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☐ 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