



# The Florida Senate

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

1. **Title of Project:** City of Sunny Isles Golden Shores Pump Station

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 12/16/2017

4. **Project/Program Description:**

The Golden Shores neighborhood at the north end of the City of Sunny Isles Beach is a single family neighborhood that floods every time there is rain, seasonal tides or a storm event. The neighborhood most recently experienced flooding due to Hurricane Irma, as well as from seasonal rainfall that has continued in the months following the hurricane. Upgrading the pump station generator and infrastructure will significantly improve the existing flood conditions. Additionally, the City will be overhauling the drainage system in the entire neighborhood. This request for the Pump Station and generator overhaul are the final pieces of the project that will provide long-term relief to the residents who currently experience flooding.

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
	595,102	595,102

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	892,653	60.0%
Other	0	0.0%
TOTAL	892,653	60.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,487,755

9. **Previous Year Funding Details:**



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- 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.

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
Funds Description:		Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *
Input Amounts:			

### 10. Is future-year funding likely to be requested?

Yes

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

Yes, this is a 2 year project with a total cost of \$3,285,080 (\$1,487,755 in FY 18/19 and \$1,797,325 in FY 19/20)

### 11. Program Performance:

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

During and after Hurricane Irma in September 2017, the Golden Shores neighborhood experienced significant flooding. This project will help alleviate the flooding that occurs due to storm/rain events.

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

Repairs and upgrades to the Golden Shores pump station and infrastructure.

- 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		



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<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		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	replace outfall valve, repair emergency by-pass sluice gate valve, repair wet well telemetry/SCADA system, replace day tank, replace generator fuel pump and coolant pump, install fuel supply tank, redirect causeway effluent directly to deep injection wells, re-establish existing drainage injection wells, add 2 additional drainage injection wells and modify existing piping network, replace generator with new generator with sound-attenuating enclosure and sub-base fuel tank	595,102
TOTAL		595,102

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

Alleviation of neighborhood flooding, especially related to hurricanes, storm events and tidal flooding.

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

Residents of the Golden Shores neighborhood in Sunny Isles Beach (approximately 1,000 people), as well as vehicular traffic using the William Lehman Causeway (State Road 856).

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



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The expected benefit is mitigation of storm damage, and protection of life and property. Photo documentation of the neighborhood after a rain event before construction, followed by photo documentation of the neighborhood after a rain event after construction.

- 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?**

The City will not fail to meet deliverables as this project is vital to maintaining our infrastructure

- 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 Sunny Isles Beach owns and operates this property

- 13. Requestor Contact Information:**

- a. Name:** Christopher Russo
- b. Organization:** City of Sunny Isles Beach
- c. Email:** kmatos@sibfl.net
- d. Phone Number:** (305)792-1811

- 14. Recipient Contact Information:**

- a. Organization:** City of Sunny Isles 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:** Kathryn Matos
- e. E-mail Address:** kmatos@sibfl.net
- f. Phone Number:** (305)792-1811

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

- a. Name:** Ron Book
- b. Firm:** Ronald L. Book, P.A.
- c. Email:** ron@rlbookpa.com
- d. Phone Number:** (305)935-1866

- 16. Have you applied for alternative state funding?**

- ☐ Wastewater Revolving Loan
- ☐ Drinking Water Revolving Loan



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☐ 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 underway

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

0%

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

Project construction to begin 02/2018 with an estimated completion date of 12/2019