

Local Funding Initiative Request - Fiscal Year 2018-2019

1. Title of Project: Miami-Dade County Ocean Outfall Nutrient Reduction Mandate

Senate Sponsor: Oscar Braynon
 Date of Submission: 01/04/2018

4. Project/Program Description:

As part of the State mandate for sewer utilities in southeast Florida to stop using ocean outfalls for routine disposal of treated wastewater, a nutrient load reduction is required prior to the 2025 deadline for limited outfall usage. Miami-Dade County proposes to meet this requirement by capturing nutrient-rich water from de-watering of sludge and disposing of that water in deep wells. In addition, the system will be used to dispose of nutrient rich water underneath the old Virginia Key landfill as part of the remediation of that groundwater contamination that threatens Biscayne Bay. The total project is expected to cost \$42 million, of which \$5 million of state assistance is requested.

5. State Agency Contacted? Yes

- a. If yes, which state agency? Department of Environmental Protection
- b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

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	
	5,000,000	5,000,000	

7. Type, amount and percent of matching funds available for this project for fiscal year 2018-19:

Туре	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	37,000,000	88.1%
Other	0	0.0%
TOTAL	37,000,000	88.1 %

8. Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds): 42,000,000

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)



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- 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.

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:	Α	В	С
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?
 - _Construction of injection wells to reduce ocean outfall discharges of nutrients to the ocean
- b. What are the activities and services that will be provided to meet the intended purpose of these funds?
 - Design and construction of injection wells and pump station
- 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		



Local Funding Initiative Request - Fiscal Year 2018-2019

□Expense/Equipment/Travel/Supplies/Other		
☐Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
☑Construction/Renovation/Land/Planning Engineering	Design and construction of pump station and injection wells	42,000,000
TOTAL		42,000,000

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

Compliant operation of the sewage treatment system

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

Total population benefitting from this project is approximately 2.3 million residents

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

Diversion of nutrient flows from ocean outfalls to deep well disposal.

- 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?

 _Liquidated damages for failure to comply with contract performance requirements.
- 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.

Miami-Dade County is both the owner and the entity to receive funding

13. Requestor Contact Information:

a. Name: Lester Sola

b. Organization: Miami-Dade Water and Sewer Department

c. Email: Lester.Sola@miamidade.govd. Phone Number: (786)552-8200

14. Recipient Contact Information:

a. Organization: Miami-Dade Water and Sewer Department

b. County: Miami-Dadec. Organization Type:

O For Profit

O Non Profit 501(c) (3)

O Non Profit 501(c) (4)



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- Local Entity
- O University or College
- O Other (Please specify)
- d. Contact Name: Lester Sola
- e. E-mail Address: Lester.Sola@miamidade.gov
- f. Phone Number: (786)552-8200

15 .	If there is a regi	stered lobbyist	, fill out the lobb	yist 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): WIFIA loans

□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?

2 wells constructed, pump station designed and under construction

19. What percentage of construction has been completed?

About 60% complete.

20. What is the estimated completion date of construction?

Completion scheduled for October of 2018