1. **Title of Project:** Homestead - Well Number 7

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 03/12/2019

4. **Project/Program Description:**
   This project consists of the design, purchase and installation of well #7 and its components. The new well will allow the existing wells to be rotated out of service as needed for maintenance and repairs without affecting the City’s water production. Well #7 will allow the treatment facility to operate at full capacity meeting permit requirements and operational performance. The additional well will also alleviate the financial impact on the City of having to purchase additional water from Miami-Dade County when a well is out of service.

5. **State Agency to receive requested funds:** Department of Environmental Protection

6. **State Agency Contacted?** No

7. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>100,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>200,000</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>300,000</strong></td>
</tr>
</tbody>
</table>

8. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>300,000</td>
<td>80.00%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td>75,000</td>
<td>20.00%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>375,000</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

9. **Has this project previously received state funding?** No

10. **Is future-year funding likely to be requested?** No

11. **Details on how the requested state funds will be expended**

    | Spending Category             | Description                                      | Amount |
    |--------------------------------|--------------------------------------------------|--------|
    | Administrative Costs:         | Executive Director/Project Head Salary and        |        |
11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?
   The new well will allow the existing wells to be rotated out of service as needed for maintenance and repairs without affecting the City’s water production. Well #7 will allow the treatment facility to operate at full capacity meeting permit requirements and operational performance. The additional well will also alleviate the financial impact on the City of having to purchase additional water from Miami-Dade County when a well is out of service.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?
   Well #7 will allow the treatment facility to operate at full capacity meeting permit requirements and operational performance.

c. What are the direct services to be provided to citizens by the appropriations project?
   The additional well will also alleviate the financial impact on the City of having to purchase additional water from Miami-Dade County when a well is out of service. This additional expense will not impact residents.

d. Who is the target population served by this project? How many individuals are expected to be served?
   This project will benefit the entire City of Homestead approximately 70,000 citizens.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
   This project will alleviate the financial impact on the City of having to purchase additional water from Miami-Dade County. This project will be measured by the consumption of water reported by Dade County Water and Sewer.

f. 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 Homestead.

13. Requestor Contact Information:
   a. Name: Julio A. Brea, PE
   b. Organization: City of Homestead
   c. E-mail Address: jbrea@cityofhomestead.com
   d. Phone Number: (305)224-4405

14. Recipient Contact Information:
   a. Organization: City of Homestead
   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: Julio A. Brea, PE
   e. E-mail Address: jbrea@cityofhomestead.com
   f. Phone Number: (305)224-4405

15. Lobbyist Contact Information
   a. Name: Jose Fuentes
   b. Firm Name: Becker
   c. E-mail Address: jfuentes@backerlawers.com
   d. Phone Number: (305)299-4900

Please complete the questions below for Water Projects only

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

19. What percentage of construction has been completed? 0%

20. What is the estimated completion date of construction? 12/1/2020