

## **The Florida Senate Local Funding Initiative Request**

**Fiscal Year 2021-2022** 

LFIR # 1319

1. Project Title	Homestead Water	er Tower Pump	Stat	ion		
2. Senate Sponsor	Ana Maria Rodrig	guez				
3. Date of Request	01/28/2021					
4. Project/Program De	escription					
The City is seeking new pump station is for maximum storage	crucial to meet ever	r increasing wat	ter d	dy designed and bid emands in the area a lete this project.	) project can be aw and to more effectiv	arded and built. The vely use the water tower
5. State Agency to red	ceive requested fu	nds Depart	tmer	nt of Environmental P	Protection	
State Agency conta	cted? No					
i. Amount of the Nonr	ecurring Request	for Fiscal Year	202	21-2022		
Type of Funding				Amo	unt	
Operations					0	
Fixed Capital Outlay					300,000	
<b>Total State Funds F</b>	Requested				300,000	
. Total Project Cost fo	or Fiscal Year 202	1-2022 (includi	ng n	natching funds ava	ilable for this proj	ect)
Type of Funding				Amount	Percentage	
Total State Funds R	equested (from que	stion #6)		300,000	38%	
Matching Funds						
Federal				0	0%	
State (excluding the	amount of this requ	est)		500,000	62%	
Local				0	0%	1
Other				0	0%	
<b>Total Project Costs</b>	for Fiscal Year 20	21-2022		800,000	100%	
3. Has this project pre	eviously received s	state funding?		Yes		
Fiscal Year	Amo	ount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurrin	g	Appropriation #		
2017-18	0	500,0	000		No	
9. Is future funding lik	rely to be requeste	nd?		No		'
J	•		ı			]
a. If yes, indicate no	onrecurring amou	nt per year.				
b. Describe the sou	irce of funding tha	t can be used i	in li	eu of state funding.		
			_			
10. Has the entity requ	uesting this projec	t received any	fed	eral assistance rela	ted to the COVID-	19 pandemic?
Yes						
If ves. indicate the	amount of funds r	eceived and w	hat	the funds were use	d for.	
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The City was awarded CDBG-CV funds totaling \$1,012,565.00.

The funds will be used for Housing & Utility Assistance, for Meals to Covid-affected individuals, and for Small Business Grants. Approx. \$2.1M as sub-recipient of Miami-Dade County to primarily reimburse the City for Covid-related operating expenditures. \$183K through DOJ to cover Covidrelated police overtime. Additionally the City is seeking approx. \$3M in public assistance funding from FEMA for reimbursement of Covid-related exp.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	The work generally consists of, but is not necessarily limited to the following: Furnish and installation of new booster pump skid with all associated mechanical piping and valving, including electrical work, site preparation and restoration, cleaning and testing as required, all together with appurtenant miscellaneous items and work for a complete project. The fully assembled pumping station shall include the pumps, electric motors, couplings, valves, piping, electrical, etc.	300,000
<b>Total State Funds Requested (m</b>	ust equal total from question #6)	300,000

#### 12. Program Performance

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

The City will be able to continue to provide potable water and pressure of water to meet the City's growth rate.

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

Design is complete.

The project is at construction phase.

Funds will allow the City to procure a vendor to complete the booster station.

c. What direct services will be provided to citizens by the appropriation project?

The City will be able to continue to provide potable water and regulated the availability of water in emergencies or in preparation of large events.

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

This project will benefit 100% of the City's service area. The City service areas outside of city limits (Unincorporated Miami-Dáde County).

e. 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 improvements will allow the City to regulate the amount of water available in the case of an emergency or large event in the City. The improvements will also aide the City with its distribution system's pressure control system already in place. As growth continues & anticipated development in large vacant areas with increase in population, it is essential to provide adequate water pressure, fire flow, water quality & capacity to the areas. The improvements will enable the City to provide this critical resources. The needed improvements will generate multiple benefits to the City & State water supply as it presents the possibility of saltwater intrusion in the case of an emergency or large event, by having the additional supply of water that the holding tank has been designated to maintain.

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 the contract?

N/A there are no penalties expecte
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13.	The owners of the facility	y to receive,	directly of	or indirectly,	, any fixed	capital o	outlay fundii	าg. Include th	е
	relationship between the	owners of t	he facility	and the en	tity.	-	-		

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	N/A



### **The Florida Senate**

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14. Requestor Contact Information							
a. First Name	Julio Last Name Brea						
b. Organization	City of Homestead						
c. E-mail Address	jbrea@cityofhomestead.co	om					
d. Phone Number	(305)224-4405	(305)224-4405 <b>Ext</b> .					
15. Recipient Contact	Information						
a. Organization	City of Homestead						
b. Municipality and	b. Municipality and County Miami-Dade						
c. Organization Ty	ре						
□For Profit Entity							
□Non Profit 501(d	c)(3)						
□Non Profit 501(d	(c)(4)						
☑Local Entity							
□University or Co	or College						
□Other (please sp	Other (please specify)						
d. First Name	Julio	Last Name	Brea				
e. E-mail Address	jbrea@cityofhomestead.com						
f. Phone Number	(305)224-4405						
16. Lobbyist Contact Information							
a. Name	Jose K. Fuentes						
b. Firm Name	Becker & Poliakoff PA						
c. E-mail Address	JFuentes@becker-poliakoff.com						
d. Phone Number	d. Phone Number (305)260-1018						



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### Please complete the questions below for Water Projects only.

17.	Have you applied for alternative state funding?
	□ Waste Water Revolving Loan
	☐ Drinking Water Revolving Loan
	□ Small Community Wastewater Treatment Grant
	☐ Other (please specify)
	☑ N/A
18. \	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
19. \	What is the status of construction?
	0%
20. \	What percentage of the construction has been completed?
	0%
21. \	What is the estimated completion date of construction?
	12/30/2021