

LFIR # 1566

| 1. Project Title | Opa-locka Drinking | Opa-locka Drinking Water Distribution System Improvement | | | | |
|--|---|--|-----------------------|---------------------|-------------------------------------|--|
| 2. Senate Sponsor | Shevrin Jones | | | | | |
| 3. Date of Request | 02/08/2021 | | | | | |
| 3. Date of Request | 02/06/2021 | | | | | |
| 4. Project/Program D | escription | | | | | |
| water loss through | on system requires an pipe leaks, replace asbe ants, up size distributior | estos/clay pipe, | replace old non-funct | ional water valves, | remendous amount of replacement and | |
| 5. State Agency to re | . State Agency to receive requested funds Department of Environmental Protection | | | | | |
| State Agency contact State Agency contact State Agency contact State Sta | acted? No No recurring Request for | Fiscal Year 20 | 21-2022 | | | |
| Type of Funding | | | Amo | ount | | |
| Operations | | | 0 | | | |
| Fixed Capital Outlag | | | 2,816,000 | | | |
| Total State Funds | Requested | | | 2,816,000 | | |
| - | for Fiscal Year 2021-2 | 022 (including | | • • | ect) | |
| Type of Funding | Annual of the second second | 40) | Amount 2,816,000 | Percentage | | |
| Matching Funds | Total State Funds Requested (from question #6) | | | 100% | | |
| Federal | | | 0 | 0% | | |
| State (excluding the amount of this request) | | | 0 | 0% | 1 | |
| Local | | | 0 | 0% | 1 | |
| Other | | | 0 | 0% | | |
| Total Project Costs for Fiscal Year 2021-2022 | | | 2,816,000 | 100% | | |
| 8. Has this project pr | eviously received stat | te funding? | No | | | |
| Fiscal Year | Amount | | Specific | Vetoed | | |
| (уууу-уу) | Recurring I | Nonrecurring | Appropriation # | | | |
| 9. Is future funding li | kely to be requested? | | No | | I | |
| a. If yes, indicate nonrecurring amount per year. | | | | | | |
| b. Describe the source of funding that can be used in lieu of state funding. | | | | | | |
| | | | | | 1 | |
| | | | | |] | |
| 10. Has the entity rec | uesting this project re | eceived any fed | deral assistance rela | ated to the COVID- | 19 pandemic? | |
| Yes | | | | | | |
| | | | | | | |
| If yes, indicate the amount of funds received and what the funds were used for. | | | | | | |



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Hazard Pay \$11,164.64 Remote Work \$13,571.15 Police Operating \$41,856.63 Total \$66,592.63

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 | Drinking Water distribution system is comprised of over 471,000 linear feet of pipeline ranging in size from 2 inches to 24 inches in diameter. The existing piping consists of over 106,000 linear feet of asbestos cement pipe (ACP) and over 260,000 linear feet is 6 inches or less in diameter. The water distribution system of the City of Opa-locka serves the City of Opa-locka, some portion of the City of Miami Gardens and also a portion unincorporated Miami-Dade County, including Miami-Dade Colleg | 2,816,000 |
| Total State Funds Requested (m | | 2,816,000 |

12. Program Performance

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

Reduce the risk of asbestos in the drinking water supply, while improving water quality by eliminating dead ends in the distribution system.

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

The replacement of deteriorated piping, including the elimination of asbestos piping.

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

Improved water quality.

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

The residents of Opa-locka, portions of unincorporated Miami-Dade County, and portions of Miami Gardens.

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

Improved water quality, which will be measured by biweekly water sampling.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties



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| for failing to meet deliverables or performance measures provided for the contract? | |
|---|--|
| Daily assessment of liquidated damages | |

| | Daily assessment of liquidated damages. |
|-----|--|
| | |
| 13. | The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity. |

City of Opa-locka



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

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| 14. Requestor Contact Information | | | | | | |
|-----------------------------------|----------------------------------|-----------------------|--------------------|-----------|------|--|
| | a. First Name | John Last Name Pate | | | | |
| | b. Organization | City of Opa-locka | | | | |
| | c. E-mail Address | Jpate@opa-lockafl.gov | | | | |
| | d. Phone Number | (305)953 | (305)953-2821 Ext. | | | |
| 15. | Recipient Contact | Informatio | on | | | |
| | a. Organization | City of O | City of Opa-locka | | | |
| | b. Municipality and | l County | Miami-Dade | | | |
| | c. Organization Type | | | | | |
| | □For Profit Entity | | | | | |
| | □Non Profit 501(c | 2)(3) | | | | |
| | □Non Profit 501(c | c)(4) | | | | |
| | ☑Local Entity | | | | | |
| | □University or Co | ollege | | | | |
| | □Other (please sp | pecify) | | | | |
| | d. First Name | John | | Last Name | Pate | |
| | e. E-mail Address | Jpate@o | pa-lockafl.gov | | | |
| | f. Phone Number | (305)953-2821 | | | | |
| 16. | 16. Lobbyist Contact Information | | | | | |
| | a. Name | None | | | | |
| | b. Firm Name | None | | | | |
| | c. E-mail Address | s | | | | |
| | d. Phone Number | | | | | |



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Please complete the questions below for Water Projects only.

| 17. | 7. 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? | | |
| | In planning and design phase. | | |
| 20. | What percentage of the construction has been completed? | | |
| | 0% | | |
| 21. | What is the estimated completion date of construction? | | |
| | 02/02/2026 | | |