

# The Florida Senate Local Funding Initiative Request Fiscal Year 2021-2022

LFIR # 1924

1. Project T	itle	West Miami Wat	er Improvemer	nt Pro	ject Phase II		
2. Senate S	ponsor	Ileana Garcia					
3. Date of R	equest	02/17/2021					
4. Project/P	rogram D	escription					
Phase II safe drink	as continu ing water	ation of the replace and fire flow improv	ment of the wa	ter m	ains and service line uction of leaks in ou	es in the city's resider 80 plus year syste	ential areas providing for m.
5. State Age	ency to re	ceive requested fu	i <b>nds</b> Depa	rtme	nt of Environmental	Protection	
State Age	ency conta	acted? No					
6. Amount c	of the Non	recurring Request	for Fiscal Yea	ar 202	21-2022		
Type of F	unding				Amo	ount	
Operation	ıs					0	
Fixed Ca	oital Outlay	У				700,000	<u>'</u>
<b>Total Sta</b>	te Funds	Requested				700,000	
7. Total Pro	ject Cost	for Fiscal Year 202	1-2022 (includ	ling ı	matching funds ava	ailable for this proj	ect)
Type of F	unding				Amount	Percentage	
		Requested (from que	estion #6)		700,000	74%	<u>.                                    </u>
Matching	Funds						1
Federal					0	0%	1
	cluding the	amount of this requ	uest)		0	0%	7
Local					250,000	26%	1
Other					0	0%	1
Total Pro	ject Cost	s for Fiscal Year 20	021-2022		950,000	100%	
8. Has this	project pr	eviously received	state funding?	?	Yes		
	l Year y-yy)	Amo Recurring	ount Nonrecurri	ng	Specific Appropriation #	Vetoed	
2019-20						No	
9. Is future	funding li	kely to be requeste	ed?		Yes		
a. If yes, indicate nonrecurring amount per year.				700,000			
b. Describe the source of funding that can be used in lieu of state funding.							
n/a		<b>_</b>				-	]
	entity rec	uesting this proje	ct received an	y fed	eral assistance rel	ated to the COVID-	19 pandemic?
No							
If yes, in	dicate the	amount of funds	received and v	what	the funds were use	ed for.	
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11. Details on how the re	quested state funds	will be expended
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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	Engineering, Testing, Surveying, design and engineering/inspection services for Phase II of the City of West Miami Water Improvement Project.	700,000
Total State Funds Requested (m	ust equal total from question #6)	700,000

1	2	Program	Dorfo	rmanco
	_	Promain	PPIIO	mmamce

Improve drinking water, reduce leaks in aged water system.

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

Improved drinking water.

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?

General population.

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

Improved drinking water.

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?

Forfeiture of funds.

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 West Miam
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### **The Florida Senate**

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14. Requestor Contact Information								
	a. First Name	Yolanda		Last Name	Aguilar			
	b. Organization	City of West Miami						
	c. E-mail Address	yolandaaguilar@cityofwestmiami.org						
	d. Phone Number	r (305)266-1122 Ext.						
15.	15. Recipient Contact Information							
	a. Organization	City of W	est Miami					
	b. Municipality and	Municipality and County Miami-Dade						
	c. Organization Ty	ре						
	□For Profit Entity							
	□Non Profit 501(c	501(c)(3)						
	□Non Profit 501(c	c)(4)						
	☑Local Entity	Entity						
	□University or College							
	□Other (please specify)							
	d. First Name	Yolanda		Last Name	Aguilar			
	e. E-mail Address	yolandaaguilar@cityofwestmiami.org						
	f. Phone Number	(305)266-1122						
16.	16. Lobbyist Contact Information							
	a. Name	Jonathan P. Kilman						
	b. Firm Name	Converge Government Affairs of Florida, Inc.						
	c. E-mail Address	jonathan@convergegov.com						
	d. Phone Number	(305)423-4131						



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

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?				
not ready				
20. What percentage of the construction has been completed?				
0				
21. What is the estimated completion date of construction?				
12/20/2022				