

LFIR # 1609

Senate Sponsor Jason Pizzo						
Project/Program Description Due to increased flooding issues in Town related to storms and tidal influence, flooding conditions during K inhibit residents and visitors entering North Island Bridge and South Island. These excessive flooding issue locations can cause damage to residents' homes, producing excessive standing water, and generating a will increase of mosquitoes and rodents. State Agency to receive requested funds Department of Environmental Protection State Agency contacted? No Amount of the Nonrecurring Request for Fiscal Year 2022-2023 Type of Funding Operations Operations Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project) Type of Funding Amount Percentage Total State Funds Requested (from question #6) Total State Funds Requested (from question #6) Matching Funds Federal O 0% State (excluding the amount of this request) O 0% Total Project Costs for Fiscal Year 2022-2023 Total Project Costs for Fiscal Year 2022-2023 Type of Funding Federal O 0% Total Project Costs for Fiscal Year 2022-2023 Type of Funding Under Un	. Project Title	Golden Beach F	lood Water Pumps	3		
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State Agency contacted? No Amount of the Nonrecurring Request for Fiscal Year 2022-2023 Type of Funding	inhibit residents and locations can cause	visitors entering No damage to residen	orth Island Bridge a	and South Island. Thes	e excessive flooding is	ssues a
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Operations O Fixed Capital Outlay 75,000	State Agency conta	icted? No				
Operations O Fixed Capital Outlay 75,000	Type of Funding			Amo	unt	
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Matching Funds 0 0 0%		equested (from que	estion #6)			
State (excluding the amount of this request)	Total State Funds R	equested (from que	estion #6)	75,000	50%	
State (excluding the amount of this request) Local Other Other						
Cother C	Federal			0	0%	
Other 0 0% Total Project Costs for Fiscal Year 2022-2023 150,000 100% Has this project previously received state funding? Fiscal Year Amount Specific Appropriation # Vetoed Appropriation # No Is future funding likely to be requested? a. If yes, indicate nonrecurring amount per year.	State (excluding the	amount of this requ	uest)			
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Has this project previously received state funding? Fiscal Year	Other			0	0%	
Fiscal Year (yyyy-yy) Recurring Nonrecurring Appropriation # Is future funding likely to be requested? a. If yes, indicate nonrecurring amount per year.	Total Project Costs	for Fiscal Year 20	022-2023	150,000	100%	
(yyyy-yy) Recurring Nonrecurring Appropriation # Is future funding likely to be requested? a. If yes, indicate nonrecurring amount per year.	. Has this project pre	eviously received	state funding?	No		
(yyyy-yy) Recurring Nonrecurring Appropriation # Is future funding likely to be requested? a. If yes, indicate nonrecurring amount per year.	Fiscal Year	Ame	ount	Specific	Vetoed	
Is future funding likely to be requested? a. If yes, indicate nonrecurring amount per year.						
a. If yes, indicate nonrecurring amount per year.						
a. If yes, indicate nonrecurring amount per year.						
	. Is future funding lik	cely to be requeste	∌d?	No		
b. Describe the source of funding that can be used in lieu of state funding.	a. If yes, indicate n	onrecurring amou	int per year.			
	b. Describe the sou	irce of funding th	at can be used in	lieu of state funding		
	50001180 tilo 30t	or randing the		or otato ranianing.		
	Yes					

If yes, indicate the amount of funds received and what the funds were used for.



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We have received an allocation of \$467,297 from the American Rescue Plan Act. The allocation has been pledged to our Capital Projects Program; specifically the Civic Center Complex.

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	Portable pumps will serve to alleviate flooding and preserve the existing roadway infrastructure on the Town's low-lying areas; North Island Bridge Approach and South Island. These roadways are the only manner in which to transverse the island.	75,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	75,000

12. Program Performance

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

Provide clear passage for residents and emergency vehicles though excessively flooded areas.

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

Placement of engine-powered portable pumps.

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

Safe passage through roadways and the elimination of standing water which creates the rapid growth of mosquitoes and rodents.

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

>800 Town residents

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

Safety of our Town's residents and staff

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?

Repayment of State 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.



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The Town of Golden Beach



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14.	4. Requestor Contact Information							
	a. First Name	Alexande	r	Last Name	Diaz			
	b. Organization	Town of Golden Beach						
	c. E-mail Address	alexdiaz@	alexdiaz@goldenbeach.us					
	d. Phone Number	(305)932	(305)932-0744 Ext. 224					
15.	Recipient Contact	Informatio	on					
	a. Organization	Town of 0	Golden Beach					
	b. Municipality and	l County	County Miami-Dade					
	c. Organization Ty	ре	De Company of the Com					
	□For Profit Entity							
	□Non Profit 501(c)(3)						
	□Non Profit 501(c	:)(4))(4)					
	☑Local Entity							
	□University or Co	llege						
	□Other (please sp	ecify)						
	d. First Name	Alexander Last Name Diaz						
	e. E-mail Address	s AlexDiaz@goldenbeach.us						
	f. Phone Number	hone Number						
16.	Lobbyist Contact I	bbyist Contact Information						
	a. Name	David T Caserta						
	b. Firm Name	David T. Caserta Government Relations Inc						
	c. E-mail Address	flagovernment@aol.com						
	d. Phone Number	(305)463-8808						



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Please complete the questions below for Water Projects only.

17. I	lave 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?
	Shovel ready
20. \	What percentage of the construction has been completed?
	0%
21. \	What is the estimated completion date of construction?
	10/31/2022