

LFIR # 2178

a. If yes, indicate rb. Describe the so	•		lieu of state funding.		
. Is future funding li	-		No		
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
Fiscal Year	Am	ount	Specific	Vetoed	
. Has this project pr	eviously received	state funding?	No		
Total Project Cost	s for Fiscal Year 2	022-2023	395,000	100%	
Other			0	0%	
Local	- 1	, l	197,500	50%	
State (excluding the	amount of this req	uest)	0	0%	
Federal			0	0%	
Total State Funds F Matching Funds	kequested (from qu	esuon #6)	197,500	50%	
Type of Funding) a support and /fraction	action #C)	Amount	Percentage	
. Total Project Cost	for Fiscal Year 202	22-2023 (including	matching funds avail	lable for this projec	t)
Total State Funds	Requested			197,500	
Fixed Capital Outla			197,500		
Operations				0	
Type of Funding			Amou	ınt	
. Amount of the Non		t for Fiscal Year 20	022-2023		
State Agency cont	•	по верани	ient of Environmental i	Totocion	
size (18") to meet D State Agency to re	•		nent of Environmental F	Protection	
to 18" PVC C-900 to sanitary sewer main the Town must upsi	o accommodate a n n crossing their prop ze the outflow pipe	new private develop perty to 18" PVC C- , from the terminatir	grade approximately 20 ment. The private deve 900. Because of this, a ng manhole to the Town	elopment is upsizing t at the terminating mar	the existing 15" VC nhole of their proje
. Project/Program D	•				
. Date of Request	01/09/2022				
. Senate Sponsor	Manny Diaz				



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

The Town of Bay Harbor Islands received \$1,450,722 from Federal Government in American Rescue Plan. The funds were allocated mostly to update and upgrade various Town's broadband needs and also allocated to improve Public Safety as well as for street milling and resurfacing and stormwater projects.

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	This project shall not only comply with DERM requirements, it will also increase the sanitary sewer system capacity, lower the Inflow and Infiltration problems throughout the privae and public portions of sanitary sewer system	197,500		
Total State Funds Requested (m	ust equal total from question #6)	197.500		

12. Program Performance

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

Increase sanitary sewer capacity because of the added inflow from the private development described, reduce system inflow and infiltration, and comply with DERM regulations regarding pipe sizing.

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

Increased sewer capacity and lower system inflow and infiltration; sewer service.

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

Increased sewer capacity and lower system inflow and infiltration; sewer service.

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

Residents and visitors to Bay Harbor Islands.

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

DERM compliance, added sewer capacity to residents and visitors, and the reduction of inflow and infiltration.

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?



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Liquidated Damages.

13.	The owners of the facilit	ty to receive, d	directly or inc	directly, any	fixed capital	outlay funding.	Include the
	relationship between the	e owners of the	e facility and	I the entity.	-		

Municipality (same).



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14. Requestor Contact Information							
	a. First Name	Maria		Last Name	Lasday		
	b. Organization	Town of Bay Harbor Islands					
	c. E-mail Address	mlasday@bayharborislands-fl.gov					
	d. Phone Number	(305)866-	(305)866-6241 Ext. 101				
15.	15. Recipient Contact Information						
	a. Organization	Town of E	Bay Harbor Island	ds			
	b. Municipality and	Municipality and County Miami-Dade					
	c. Organization Ty	ре					
	□For Profit Entity						
	□Non Profit 501(c	(c)(3)					
	□Non Profit 501(c	2)(4)					
	☑Local Entity						
	□University or Co	ollege					
	□Other (please sp	ther (please specify)					
	d. First Name	Douglas		Last Name	Armstrong		
	e. E-mail Address	darmstrong@bayharborislands-fl.gov					
	f. Phone Number						
16.	16. Lobbyist 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.

7. F	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
8. V	Vhat 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
9. V	Vhat is the status of construction?
[Ready
20. V	Vhat percentage of the construction has been completed?
	0%
1. V	What is the estimated completion date of construction?
	10/31/2022