

1. Project Title

The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

Senator Howard C. Forman Human Services Campus: Utilities Improvements/ Connections

LFIR # 2724

2. Senate Sponsor	Lauren Book							
3. Date of Request	01/28/2022							
4. Project/Program D	escription							
Human Services Ca FPL power grid at the remains on the old S	ampus that have rea ne State-owned Ser State-owned and m o be installed which	ached the end of nator Howard C. aintained power n will complete th	f useful Forma grid. F ne loop	life. Also this particle. Also this particle. Human Service of the particle. This loss system. This loss should be supported by the control of the particle.	roject will complete the ces Campus. A large ower grid have been op system will increa	wned Howard C. Forman he transmission to the e portion of the Campus completed, however, the ase reliability and help		
5. State Agency to re	ceive requested fu	ınds Depa	artment	of Environment	al Protection			
State Agency conta	•							
6. Amount of the Non		for Fiscal Yea	r 2022-	2023				
Type of Funding	. couring Roques	101110001100			nount			
Operations				AI		0		
Fixed Capital Outlay	,			 				
	Total State Funds Requested				1,236,792 1,236,792			
Total Otalo I allao	Roquootou				1,200,101	■		
7. Total Project Cost	for Fiscal Year 202	2-2023 (includi	ing ma	tching funds a	vailable for this pro	ject)		
Type of Funding	Type of Funding			Amount	Percentage			
Total State Funds Requested (from question #6)				1,236,79	2 50%	<u>′</u>		
Matching Funds						4		
Federal					0 0%			
State (excluding the amount of this request)					0 0%			
Local				1,236,79				
Other	Other				0 0%	<u>6</u>		
Total Project Costs	s for Fiscal Year 2	022-2023		2,473,58	100%	o l		
8. Has this project pr	eviously received	state funding?	N	0				
Fiscal Year	Amount			Specific	Vetoed			
(уууу-уу)	Recurring	Nonrecurrin	ıg /	Appropriation #	1	4		
9. Is future funding li	kely to be request	ed?	N	0				
a. If yes, indicate n	onrecurring amou	ınt per year.						
b. Describe the so	urce of funding th	at can be used	in lieu	of state fundir	ng.			
Local and private f	unding.							

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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Yes

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

The City received \$19.869 million in Federal Assistance, utilized for food programs, improve telework capabilities of public employees, public health and safety employee payroll (police & fire), personal protective equipment, public health expenses, small business grants, emergency rental assistance, utility assistance, mortgage assistance & to support the City's health programs.

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	1) Replace and install all water and sewer mains that have reached the end of its useful life. (2) Complete the transmission to the FPL power grid. Portions of the Park have been completed, however the final leg still needs to be installed which will complete the loop system.	1,236,792				
Total State Funds Requested (must equal total from question #6)						

12. Program Performance

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

Investment in this project will strengthen, expand, and create access to human services provided at the State-owned Howard C. Forman Campus, and help preserve core program sustainability. The funding will renovate and restore utility service components needed to support the humanities activities and functions the Campus provides.

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

Replace, rehabilitate, and install 15,727 feet of amount of water and sewer main located at the State-owned Howard C. Forman Human Services Campus. Also, complete the transmission to the FPL power grid located at the Howard C. Forman Human Services Campus.

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

Improved energy services, water and wastewater services for facilities located within the State-owned Howard C. Forman Human Services Campus.

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

Residents, workers, and visitors to the State-owned Senator Howard C. Forman Human Services Campus; approximately 4,000 individuals daily.

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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Improved reliability of existing energy services, water and wastewater infrastructure. Improved drainage through proactive effort to avoid sanitary sewer overflows. Outcomes will be measured through monitoring of reduction in power outages, monitoring water quality, and monitoring reduction in wastewater discharge.

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?

No new appropriations until project deliverables and/or performance measures are met.

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.

Property is owned by the State of Florida. Property is in long term lease with the City of Pembroke Pines.



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14.	14. Requestor Contact Information									
	a. First Name	Aner		Last Name	Gonzalez					
	b. Organization	Assistant City Manager, City of Pembroke Pines								
	c. E-mail Address	agonzalez@ppines.com								
	d. Phone Number	(954)450-1034 Ext.								
15.	Recipient Contact	Informatio	on							
	a. Organization	City of Pembroke Pines								
	b. Municipality and	l County	Broward							
	c. Organization Type									
	□For Profit Entity									
	□Non Profit 501(c	O1(c)(3)								
	□Non Profit 501(c	c)(4)								
	☑Local Entity									
	□University or Co	versity or College								
	□Other (please specify)									
	d. First Name	Aner		Last Name	Gonzalez					
	e. E-mail Address	agonzalez@ppines.com								
	f. Phone Number	(954)450-1034								
16.	16. Lobbyist Contact Information									
	a. Name	Lauren A	. Jackson							
	b. Firm Name	Ericks Consultants Inc								
	c. E-mail Address	lauren.andyj@gmail.com								
	d. Phone Number	(931)265-8999								