Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Miami-Dade County Beach Maintenance Equipment

2. Date of Submission: 11/14/2017

3. House Member Sponsor: David Richardson

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

a. Has funding been provided in a previous state budget for this activity? No If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E

- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)		Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)			
Column:	Α	В	С	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					534,000	534,000

- 5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2018-19? No
 - 5a. If yes, which state agency?
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Environmental

Protection

- 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No
- 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

No Penalties

6. Requester:

a. Name: <u>Maria Nardi,</u>	Decreation and Ones Cases Department
c. Email: Maria.Nardi@miamidade.gov	Recreation and Open Spaces Department
d. Phone #: (305)755-7903	
7. Contact for questions about specific technical or	financial details about the project:
a. Name: <u>Maria Nardi,</u>	
	Recreation and Open Spaces Department
c. Email: Maria.Nardi@miamidade.gov	
d. Phone #: <u>(305)755-7903</u>	
Is there a registered lobbyist working to secure fa. Name: Jose Diaz	unding for this project?
b. Firm: Robert M. Levy & Associates	
c. Email: JDIAZJ@aol.com	
d. Phone #: (855)339-4090	
9. Organization or Name of entity receiving funds:	
a. Name: Mlami Dade County Parks, Recre	ation and Open Spaces Departme
b. County (County where funds are to be expe	ended): <u>Miami-Dade</u>
c. Service Area (Counties being served by the	service(s) provided with funding): Miami-Dade
40.14	
What type of organization is the entity that will O For Profit	receive the funds? (Select one)
O Non Profit 501(c) (3)	
O Non Profit 501(c) (4)	
O Local Government	
O University or College	
Other (Please describe) Government Enti	<u>ty</u>
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∆DD #: 1167	

11. What is the specific purpose or goal that will be achieved by the funds being requested?

The purpose of the funds is to purchase heavy equipment. Miami-Dade County Parks, Recreation and Open Spaces Department is responsible for the daily clean-up of thirteen plus miles of one of Miami-Dade's finest world renowned beaches, Miami Beach and several other coastal beach municipalities. Due to its age, the current equipment can barely keep up with the existing and increasing day to day workload, much less handle the demands of natural disasters such as hurricanes, storms, and King tides.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
□a. Executive Director/Project Head Salary and Benefits		
□b. Other Salary and Benefits		
□c. Expense/Equipment/Travel/Supplies/Other		
□d. Consultants/Contracted Services/Study		
Operational Costs:		
☐e. Salaries and Benefits		
☑f. Expenses/Equipment/Travel/Supplies/Other	1-Tractor with sifter (\$75,000) 1- Tractor with blades for shoreline (\$75,000) 1-Front end loader with clam bucket (\$203,000) 1-Load N Pack (\$175,000) Additional blades (\$6,000)	534,000
□g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		

	□h. Construction/Renovation/Land/Planning Engineering				
	TOTAL		534,000		
	TOTAL		554,000		
	For the Fixed Capital Costs requested with this issue (In Quest the facility be under when complete? (Select one correct option) N/A		ay? was selected), what type of ownership		
14.	Is the project request an information technology project? <u>No</u>				
	Is there any documented show of support for the requested panizational backing, or other expressions of support? <u>No</u>	project in the community including public	c hearings, letters of support, major		
16.	6. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served? No				
17.	Will the requested funds be used directly for services to citize Yes	ens?			
	17a. What are the activities and services that will be provided to meet the purpose of the funds? Daily clearing of beach debris and clearing after storms, hurricanes and King tides.				
	17b. Describe the direct services to be provided to the citizens by the funding requested. Daily clearing of beach debris and clearing after storms, hurricanes and King tides.				
	17c. Describe the target population to be served (i.e., "the m Select all that apply to the target population: □Elderly persons □Persons with poor mental health □Persons with poor physical health □Jobless persons □Economically disadvantaged persons □At-risk youth □Homeless	ajority of the funds requested will serve	these target populations or groups.").		

□Developmentally disabled
□Physically disabled
□Drug users (in health services)
□Preschool students
☐Grade school students
☐High school students
□University/college students
☐Currently or formerly incarcerated persons
□Drug offenders (in criminal Justice)
□Victims of crime
☐General (The majority of the funds will benefit no specific group) ☐Other (Please describe): Residents, visitors and tourists.
17d. How many in the target population are expected to be served?
O< 25
O25-50
O51-100
O101-200
O201-400
O401-800
©>800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
☑Improve physical health	Enhance quality of life for beach users	By measuring attendance if beach users feel it is clean and jogging paths increase users we can safely conclude that it is a benefit.
□Improve mental health		
☑Enrich cultural experience	Promote additional special events on beaches for the benefit of locals and tourists alike.	Enhance the aesthetic experience of the primary attraction in Miami Dade County

□Improve agricultural production/promotion/education		
□Improve quality of education		
□Enhance/preserve/improve environmental or fish and wildlife quality		
☑Protect the general public from harm (environmental, criminal, etc.)	Removing man made obstructions and/or debris from beaches that could cause harm to the public.	Cleanliness satisfaction scores.
□Improve transportation conditions		
☑Increase or improve economic activity	Tourists generate revenue for the State and the community, thus creating jobs for local residents.	Convention and visitors reports.
☑Increase tourism	Clean beaches equates to returning visitors.	Convention and visitors reports.
□Create specific immediate job opportunities		
□Enhance specific individual?s economic self sufficiency		
□Reduce recidivism		
□Reduce substance abuse		
□Divert from Criminal/Juvenile justice system		
□Improve wastewater management		
□Improve stormwater management		
□Improve groundwater quality		
□Improve drinking water quality		
□Improve surface water quality		

Other (Please describe):		
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19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
Amount Requested from the State in this Appropriations Project Request:	534,000	100.0%	N/A
2. Federal:	0	0.0%	No
State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	534,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year? No