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# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. Title of Project: City of Sunrise Emergency Lift Station Power & Pumping

Senate Sponsor: Lauren Book
 Date of Submission: 11/15/2017

## 4. Project/Program Description:

Procurement of emergency power generators and portable lift stations to move raw sewage in the event of an electric utility power outage.

## 5. State Agency Contacted? No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Environmental Protection

## 6. Amount of Non-recurring Requested for fiscal year 2018-19:

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	500,000	500,000

#### 7. Type, amount and percent of matching funds available for this project for fiscal year 2018-19:

Туре	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	500,000	50.0%
Other	0	0.0%
TOTAL	500,000	50.0 %

### 8. Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds): 1,000,000

## 9. Previous Year Funding Details:

- a. Has funding been provided in a previous state budget for this activity? No
- b. In the previous 5 fiscal years, how many years was funding provided? (Optional)
- c. What is the most recent fiscal year the project was funded?
- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project  for FY 2017-18  (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	Α	В	С
Funds Description: Input Amounts:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)

### 10. Is future-year funding likely to be requested?

No

## 11. Program Performance:

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

The City's regional water & wastewater utility system serves more than 215,000 customers in Sunrise, Davie, Weston and Southwest Ranches. Due to Hurricane Irma, we lost FPL power to 130 out of 215 lift stations that move sewage from customers to our plants. Like other area utilities, we rotated portable generators between lift stations, but still had sewage overflows in some areas. This funding would enable Sunrise to purchase additional emergency power generation and pumping equipment.

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

Purchase emergency power generators and portable lift stations (pumps) to enable continued movement of sewage during power outages.

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
□Executive Director/Project Head Salary and Benefits		
□Other Salary and Benefits		
□Expense/Equipment/Travel/Supplies/Other		
□Consultants/Contracted Services/Study		
Operational Costs		



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□Salary and Benefits		
☑Expense/Equipment/Travel/Supplies/Other	Purchase emergency generators and portable lift stations	1,000,000
□Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
☐Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000

d. What are the direct services to be provided to citizens by the appropriations project?

Prevent raw sewage overflows due to disaster-related power outages at lift stations

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

This benefits all 215,000 citizens and businesses served by the Sunrise regional utility systems.

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

Reduce raw sewage overflows and the associated impacts. Staff documents and reports every overflow.

- g. 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 in the contract?

  \_De-funding of the appropriation, if the local agency fails to procure the critical infrastructure.
- 12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

City of Sunrise, Florida is the entity requesting funding and will be the owner of all procured infrastructure.

13. Requestor Contact Information:

a. Name: Isabel Garcia

b. Organization: <u>City of Sunrise</u>c. Email: <u>Igarcia@sunrisefl.gov</u>d. Phone Number: (954)577-1138

14. Recipient Contact Information:

a. Organization: City of Sunrise

b. County: Browardc. Organization Type:



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	O For Profit
	O Non Profit 501(c) (3)
	O Non Profit 501(c) (4)
	<ul><li>Local Entity</li><li>University or College</li></ul>
	O Other (Please specify)
	d. Contact Name: Isabel Garcia
	e. E-mail Address: lgarcia@sunrisefl.gov
	f. Phone Number: (954)577-1138
15.	If there is a registered lobbyist, fill out the lobbyist information below.
	a. Name: Ronald Book
	b. Firm: Ronald L. Book, P.A.
	c. Email: ron@rlbookpa.com
	d. Phone Number: (850)224-3427
16.	Have you applied for alternative state funding?
	□Wastewater Revolving Loan
	□Drinking Water Revolving Loan
	☐Small Community Wastewater Treatment Grant
	□Other (Please describe)
	⊠N/A
17.	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
18.	What is the status of construction?
	Procurement ready
19.	What percentage of construction has been completed?



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20. What is the estimated completion date of construction?

completion date: 6/30/2019