



# The Florida Senate

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

1. **Title of Project:** City of LaBelle Lift Station Emergency Generators

2. **Senate Sponsor:** Kathleen Passidomo

3. **Date of Submission:** 11/15/2017

4. **Project/Program Description:**

This appropriation request is for emergency generators for the City of LaBelle Lift Stations. All of the 23 LaBelle lift stations at City Hall lost power after Hurricane Irma. Permanent generators are needed to power five critical lift stations during emergencies. These five lift stations service the LaBelle Civic Center, LaBelle City Hall and the Hendry County Jail. The amount requested is an estimate.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Executive Office of the Governor

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

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
	90,000	90,000

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

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 90,000

9. **Previous Year Funding Details:**

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



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</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 five critical lift stations will be powered when needed due to lack of commercial power and be able to conduct business as normal after an event.

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

N/A

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

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Generator and associated equipment to install	90,000
TOTAL		90,000

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

Allows for normal waste water service at critical facilities with power after an emergency event.

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

Western Hendry County and the City of LaBelle and surrounding area, 20,000 individuals.

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

Power will be available to run the five critical lift stations to operate shelter services and conduct business after an emergency event.

**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?**

Cancel funding.

**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 LaBelle

**13. Requestor Contact Information:**

- a. **Name:** David Lyons
- b. **Organization:** City of LaBelle
- c. **Email:** davealyons@hotmail.com
- d. **Phone Number:** (863)228-0008

**14. Recipient Contact Information:**

- a. **Organization:** City of LaBelle
- b. **County:** Hendry
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify)



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- d. Contact Name:** Ron Zimmerly
- e. E-mail Address:** [rzimmerly@citylabelle.com](mailto:rzimmerly@citylabelle.com)
- f. Phone Number:** (863)517-0235

**15. If there is a registered lobbyist, fill out the lobbyist information below.**

- a. Name:** Joe Spratt
- b. Firm:** Spratt & Associates
- c. Email:** [joesphrspratt@yahoo.com](mailto:joesphrspratt@yahoo.com)
- d. Phone Number:** (863)517-0235