



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** City of Clewiston Storm Spill Prevention

2. **Senate Sponsor:** Kathleen Passidomo

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

4. **Project/Program Description:**

Funding for purchase of Two (2) Standby generators: Genset Inc. Skid Mount, Deere Interim Tier 4 Engine 56kW/62kW with Tandem Axle Trailer (price includes shipping and commissioning) and One (1) Wastewater Treatment Plant back-up Generator: Genset 100kW, 500 gallon capacity diesel fuel tank per design specifications. Replace transfer switch.

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?
Executive Office of the Governor

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
	381,032	381,032

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):** 381,032

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?



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
 e. Complete the following Worksheet.

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:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

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?

Prevention of raw sewage overflows from our collection system lift stations and wastewater treatment plant.

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

Generators will supply back up power to our lift stations and treatment plant during electric outages.

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 checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Two (2) Standby generators: Genset Inc. Skid Mount, Deere	231,032



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	Interim Tier 4 Engine 56kW/62kW with Tandem Axle Trailer (price includes shipping and commissioning)	
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	One (1) Wastewater Treatment Plant back-up Generator: Genset 100kW, 500 gallon capacity diesel fuel tank per design specifications. Replace transfer switch.(price includes installation)	150,000
TOTAL		381,032

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

Fewer raw sewage spills will reduce our customer's exposure to health hazards.

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

All residents and businesses within city's service area, approximately 8,000 individuals. Pollution prevention; reduction of spills and runoff to Caloosahatchee River Watershed.

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

Hurricane Irma winds caused an interruption of electric service to our wastewater treatment plant for two days. The existing plant emergency generator is undersized to operate the entire plant during "black out" conditions. Lift stations throughout our sewer collection system also failed in the three to four days following the storm. The City is requesting additional generators to adequately provide back up power during and after weather events, to prevent the release of untreated sewage. The city is required to report spills pursuant to our operating permit and by state statute. A comparison can be made to the number and quantity of sewage spills reported during storm events both before and after the new generators are put in service.

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?

Depending on contract conditions; possible reimbursement of project money to Department.

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 Clewiston is the owner of the facilities.



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13. Requestor Contact Information:

- a. **Name:** Al Perry
- b. **Organization:** City of Clewiston
- c. **Email:** al.perry@clewiston-fl.gov
- d. **Phone Number:** (863)983-1484

14. Recipient Contact Information:

- a. **Organization:** City of Clewiston
- 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)
- d. **Contact Name:** Al Perry
- e. **E-mail Address:** al.perry@clewiston-fl.gov
- f. **Phone Number:** (863)983-1484

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

- a. **Name:** Screven Watson
- b. **Firm:** Screven Watson and Associates
- c. **Email:** screven@screvenwatson.com
- d. **Phone Number:** (850)566-3905