



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** City of Brooksville Master Pump Station Modification

2. **Senate Sponsor:** Wilton Simpson

3. **Date of Submission:** 12/11/2017

4. **Project/Program Description:**

To modify existing station to prevent future sewer spills during heavy rainfall events.

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
	400,000	400,000

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	100,000	20.0%
Other	0	0.0%
TOTAL	100,000	20.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 500,000

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:	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?

No sewer spills during heavy rainfall events, the State watch point can compare number of incidences

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

Engineered modification of existing pump station, expansion of water well volume, and 3 new pumps.

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	Approximately 75,000 would be spent on engineering. Balance for construction and new equipment	500,000
TOTAL		500,000

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

Land free sewage spill remnants and cleaner water returning to the aquifer.

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

5500

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

Less frequent sewer spills, number of incident calls placed to the state watch point.

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?

Return of state money if project is not completed as agreed.

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 Brooksville

13. Requestor Contact Information:

- a. **Name:** Richard Radacky
- b. **Organization:** City of Brooksville
- c. **Email:** Rradacky@cityofbrooksville.us
- d. **Phone Number:** (352)540-3860

14. Recipient Contact Information:

- a. **Organization:** City of Brooksville
- b. **County:** Hernando
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College



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Other (Please specify)

d. **Contact Name:** Mark Kutney

e. **E-mail Address:** Mkutney@cityofbrooksville.us

f. **Phone Number:** (352)540-3810

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

a. **Name:** Shawn Foster

b. **Firm:** Sunrise Consulting

c. **Email:** foster@segroup.us

d. **Phone Number:** (727)808-4131

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?

Construction has not begun.

19. What percentage of construction has been completed?

0%

20. What is the estimated completion date of construction?

January 2019