



# The Florida Senate

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

1. **Title of Project:** Indian River County - Emergency Generators for Lift Stations

2. **Senate Sponsor:** Debbie Mayfield

3. **Date of Submission:** 01/04/2018

4. **Project/Program Description:**

The funds will be used to purchase generators to operate lift stations connected to assisted living facilities, emergency shelters, and elderly communities throughout Indian River County during emergency power-outage events. These generators will significantly reduce the threat of a public health crisis when the electricity throughout Indian River County has been impacted by an emergency event such as a hurricane.

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
	416,640	416,640

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	416,640	50.0%
Other	0	0.0%
TOTAL	416,640	50.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 833,280

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?



# The Florida Senate

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

FY:	<b>Input Prior FY Appropriation for this project for FY 2017-18</b>		
	A	B	C
	(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?**

The funds will be used to purchase generators to operate lift stations connected to assisted living facilities, emergency shelters, and elderly communities throughout Indian River County during emergency power-outage events. These generators will significantly reduce the threat of a public health crisis when the electricity throughout Indian River County has been impacted by an emergency event such as a hurricane.

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

Generators will be purchased to ensure that the lift stations associated with assisted living facilities, emergency shelters, and elderly communities throughout Indian River County operate properly during emergency storm events to prevent a public health crisis.

**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		



# The Florida Senate

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

Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Purchase of generators	416,640
TOTAL		416,640

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

Emergency electricity to operate the lift stations.

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

The target population consists of elderly residents in assisted living facilities, nursing homes and elderly communities; and physically and mentally disabled citizens who take shelter in Indian River County's special needs shelter.

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

The generators will cause a significant decrease in the likelihood of a public health crisis caused by a failing lift station without electrical power. The generators will also prevent possible sewer overflow which can negatively impact local wastewater management, stormwater management, groundwater, and surface water quality. These things can be measured by less public health crises events caused by failing lift stations without power outages. Finally, the generators will likely improve recovery time for electric providers as there will be less linemen diverted away from large power grids to make repairs to life stations to avoid a public health crisis. This can be measured with a faster recovery time for utility operators.

**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 funding to State of Florida.

**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.**

Indian River County

**13. Requestor Contact Information:**

- a. **Name:** Jason Brown, County Admin
- b. **Organization:** Indian River County



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- c. **Email:** [jbrown@ircgov.com](mailto:jbrown@ircgov.com)
- d. **Phone Number:** (772)226-1408

### 14. Recipient Contact Information:

- a. **Organization:** Indian River County
- b. **County:** Indian River
- 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:** Vincent Burke - Director of Utilities
- e. **E-mail Address:** [vburke@ircgov.com](mailto:vburke@ircgov.com)
- f. **Phone Number:** (772)226-1830

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

- a. **Name:** Frank Bernardino
- b. **Firm:** Anfield Consulting Group
- c. **Email:** [Frank@anfieldflorida.com](mailto:Frank@anfieldflorida.com)
- d. **Phone Number:** (561)718-2345