



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Tallahassee - Emergency Generators for Hurricane Hardening of Sewage Pump Stations and Water Supply Wells

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 01/17/2018

4. **Project/Program Description:**

This project consists of the installation of emergency backup power equipment to prepare for and respond to loss of power during hurricanes, tropical storms and other emergency events. The project consists of: a) Acquisition and installation of dedicated generators at three drinking water wells and six large sewage pump stations; b) Acquisition of 5 portable generators and 5 portable pumps for use at smaller pump stations; and c) Modifications to existing electrical equipment and yard piping to standardize quick connection/disconnection of portable equipment. Approximately 70% of the City's total utility customers, or 60,000 people, will be served by these improvements.

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
	1,755,000	1,755,000

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	1,755,000	50.0%
Other	0	0.0%
TOTAL	1,755,000	50.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 3,510,000

9. **Previous Year Funding Details:**



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- 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.

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
Funds Description:		Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *
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?

Continuation of water and sewer service during power outages caused by hurricanes, tropical storms and other emergency events.

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

A) Permanent Backup Generators: The City will install permanent backup generators at 6 sewage pump stations and 3 water supply wells, which will entail: 1) construction of a concrete pad sized appropriately for the installation of a generator, which will match the electrical needs of the well and will be sufficient to power the well and supporting equipment; 2) installation of a fuel tank with double wall construction, overfill protection and automatic leak detention; and 3) installation of an automatic-transfer switch sized to match the electrical loads and ensure continuity in the provision of power. B) Portable Generators and Portable Pumps: The City will acquire 5 portable generators and 5 portable pumps for use at 78 smaller sewage pump stations in the system. C) Modifications to Electrical and Piping: The electrical components and yard piping at the 78 smaller sewage pump stations will be modified so that the electrical connections and piping connections are the same.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		



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<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		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	9 dedicated permanent generators; 5 portable generators; 5 portable pumps; electrical & piping quick connections	1,755,000
TOTAL		1,755,000

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

Continuation of water and sewer service during emergency events due to loss of power.

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

Water and sewer customers (approximately 70% of total customers served or 60,000 people)

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

The City will be able to continue to provide its customers with critical water and sewer service during power outages due to emergency events. The City records the occurrence and duration of power outages at pump stations and wells. This data can be used to measure the reduction in loss of service due to power failures.

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?

Full reimbursement of funding allocated.

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.



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N/A

13. Requestor Contact Information:

- a. **Name:** Dustin Daniels
- b. **Organization:** City of Tallahassee
- c. **Email:** dustin.daniels@talgov.com
- d. **Phone Number:** (850)891-2083

14. Recipient Contact Information:

- a. **Organization:** City of Tallahassee
- b. **County:** Leon
- 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:** Blas Gomez
- e. **E-mail Address:** blas.gomez@talgov.com
- f. **Phone Number:** (850)891-6862

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

- a. **Name:** Rana Brown
- b. **Firm:** Ronald L. Book, P.A.
- c. **Email:** rana@ronlbookpa.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)



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☐ Rural Area of Economic Concern

☐ Rural Area of Opportunity (s. 288-0656, Florida Statutes)

☒ N/A

18. What is the status of construction?

Planning stage.

19. What percentage of construction has been completed?

0%

20. What is the estimated completion date of construction?

6/30/2018