1. Project Title  Treasure Island Sewer Lift Station Rehabilitation

2. Senate Sponsor  Jeff Brandes

3. Date of Request  01/12/2021

4. Project/Program Description
The City of Treasure Island has a lift station rehabilitation program to repair and improve each of the City’s wastewater lift stations and pump stations every ten years. This program ensures sanitary sewer system reliability and minimizes the risk of sanitary sewer overflows.

5. State Agency to receive requested funds
Department of Environmental Protection

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>0</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>500,000</td>
</tr>
<tr>
<td>Total State Funds Requested</td>
<td>500,000</td>
</tr>
</tbody>
</table>

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>500,000</td>
<td>80%</td>
</tr>
<tr>
<td>Matching Funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Local</td>
<td>125,000</td>
<td>20%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Total Project Costs for Fiscal Year 2021-2022</td>
<td>625,000</td>
<td>100%</td>
</tr>
</tbody>
</table>

8. Has this project previously received state funding?  No

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Amount</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Recurring</td>
<td>Nonrecurring</td>
<td></td>
</tr>
</tbody>
</table>

9. Is future funding likely to be requested?  No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?  No

If yes, indicate the amount of funds received and what the funds were used for.
11. Details on how the requested state funds will be expended

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Administrative Costs:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Other Salary and Benefits</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/ Other</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td>Design and specifications development to include construction administrative services.</td>
<td>50,000</td>
</tr>
<tr>
<td><strong>Operational Costs: Other</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary and Benefits</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/ Other</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td><strong>Fixed Capital Construction/Major Renovation:</strong></td>
<td>Construction of the rehabilitated sanitary sewer lift station.</td>
<td>450,000</td>
</tr>
</tbody>
</table>

Total State Funds Requested (must equal total from question #6) 500,000

12. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?

The City collects and transfers approximately 1.5 million gallons per day to the City of St. Petersburg for treatment and disposal. The City of Treasure Island owns and operates ten sanitary sewer lift stations and two pump stations. The goal to be achieved by the funds requested is to improve the reliability of the sanitary sewer system infrastructure by performing an in-depth rehabilitation of Lift Station #3.

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

The intended purpose of these funds is to design, bid and construct the rehabilitation of Lift Station #3. A previous rehabilitation of this lift station last occurred in 2012. The City's lift stations require major rehabilitation approximately every ten years. Rehabilitation consists of replacing pumps, pump stands, electrical panels, the valve vault and valves, the control system and SCADA, and replacing the vault doors with water tight doors to minimize infiltration and inflow.

c. What direct services will be provided to citizens by the appropriation project?

The citizens of Treasure Island will receive direct services from this appropriation project by having a more reliable sanitary sewer system that transfers domestic sewage off the barrier island in safe manner, minimizing the risk of sewer overflows.

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

The entire population of Treasure Island of over 6,900 residents will be served by this project. However, approximately 900 individuals will be directly served by the rehabilitation of Lift Station #3 because this lift station directly serves these residents.

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

The expected benefit of this project is to increase reliability of the sanitary sewer system and to minimize the risk of sanitary sewer overflows during heavy rainfall events. The methodology for measuring the project's outcome is by comparing the reliability of the lift station and investigating pre and post construction infiltration and inflow within the lift station collection basin.
f. 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 the contract?

The City of Treasure Island is diligent in ensuring that all project deliverables are met within required time frames. If an issue is anticipated, the City will coordinate with the Department in advance to make any necessary adjustments.

13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

The owner and operator of this facility is the City of Treasure Island.
14. Requestor Contact Information
   a. First Name    Garry
   b. Organization  City of Treasure Island
   c. E-mail Address gbrumback@mytreasureisland.org
   d. Phone Number  (727)547-4575     Ext. 227

15. Recipient Contact Information
   a. Organization  City of Treasure Island
   b. Municipality and County  Pinellas
   c. Organization Type
      ☑ Local Entity
      ☐ For Profit Entity
      ☐ Non Profit 501(c)(3)
      ☐ Non Profit 501(c)(4)
      ☐ University or College
      ☐ Other (please specify)
   d. First Name    Michael
   e. E-mail Address mhelfrich@mytreasureisland.org
   f. Phone Number  (727)457-4575

16. Lobbyist Contact Information
   a. Name         RJ Myers
   b. Firm Name    Suskey Consulting, LLC
   c. E-mail Address rj@suskeyconsulting.com
   d. Phone Number (850)933-0883
Please complete the questions below for Water Projects only.

17. Have you applied for alternative state funding?
   - Waste Water Revolving Loan
   - Drinking Water Revolving Loan
   - Small Community Wastewater Treatment Grant
   - Other (please specify)
   ✗ N/A

18. 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

19. What is the status of construction?
   Not started

20. What percentage of the construction has been completed?
   0%

21. What is the estimated completion date of construction?
   01/16/2023