

1. Project Title

The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

Brooksville Critical Facility Power Backup Plan

LFIR # 2237

2. Senate Sponsor	Danny Burgess					
3. Date of Request	12/28/2021					
4. Project/Program D	escription					
and cannot be ignor power outages in cr generators, one (1) provide portable bac vital for the City to p city. Extended power	total power failure - eithered. The time to prepare itical facilities, therefore, generator to provide back-up for the lift stations for failures at lift stations of ses, as well as creating a	is before an en the City of Bro k-up support to lacking genera an emergency can be a major	nergency - not after. In oksville is requesting to the City's Water Town tors and funds to repay power loss situation to source of financial loss.	Preparation is the bes funds to purchase size wer Well and one (1) air ~10 existing lift sta hus sustaining a prop	at defense against ox (6) lift station portable generator to tion generators. It is over service level to the	
5. State Agency to re	ceive requested funds	Departme	ent of Environmental	Protection		
State Agency conta	acted? No					
6. Amount of the Non	recurring Request for F	Fiscal Year 20	22-2023			
Type of Funding			Amo	unt		
Operations				0		
Fixed Capital Outlay	/		316,000			
Total State Funds	Requested		316,000			
7. Total Project Cost f	for Fiscal Year 2022-20	23 (including	Matching funds avai	Percentage	t)	
Total State Funds R	Requested (from question	n #6)	316,000	50%		
Matching Funds						
Federal			0	0%		
State (excluding the	amount of this request)		0	0%		
Local	Local		316,000	50%		
Other			0	0%		
Total Project Costs	s for Fiscal Year 2022-2	2023	632,000	100%		
8. Has this project pr	eviously received state	funding?	No			
Fiscal Year	Amount		Specific	Vetoed		
(уууу-уу)	Recurring No	onrecurring	Appropriation #			
9. Is future funding li	kely to be requested?		No			
a. If yes, indicate n	onrecurring amount pe	er year.				
b. Describe the so	urce of funding that ca	n be used in li	eu of state funding.			
10. Has the entity reg	uesting this project re	ceived any fed	leral assistance rela	ted to the COVID-19	pandemic?	



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Yes

If yes, indicate the amount of funds received and what the funds were used for.

The City received CARES Funding as a subrecipient from Hernando County and has also received American Rescue Plan Act (ARPA) funds.

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other	Purchase six (6) lift station generators, one (1) generator to provide back-up support to the City's Water Tower Well and one (1) portable generator to provide portable back-up for the lift stations lacking generators and funds to repair ~10 existing lift station generators.	316,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	316,000

12. Program Performance

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

Provide reliable power in an emergency power loss situation thus sustaining a proper service level to the city. Eliminate extended power failures at lift stations which can cause major financial loss, damage to the facility, residential homes and businesses, as well as creating a sanitary health risk to residents.

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

Preparation is the best defense against power outages in critical facilities, therefore, the City of Brooksville will purchase six (6) lift station generators, one (1) generator to provide back-up support to the City's Water Tower Well and one (1) portable generator to provide portable back-up for the lift stations lacking generators and funds to repair existing lift station generators

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

Reduce and/or eliminate extended power failures at lift stations which will subsequently reduce financial loss, damages to the facility, residential homes and businesses, as well as decreasing the sanitary health risks to residents.

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

All citizens of the City, population 8,564, and visitors may benefit from this project.

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



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Reduction in extended power failures within the community at the critical lift station facilities which will be measured through monitoring the power outages and as well as comparison in the reduction of financial loss, damages and health

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?

Withhold payment.
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.

21/2		
∣ N/A		

N/A



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14. Requestor Contact Information				
	a. First Name	Ron	Last Name	Snowberger
	b. Organization	City of Brooksville		
	c. E-mail Address	rsnowberger@cityofbrook	sville.us	
	d. Phone Number	(352)540-3810	Ext.	
15.	Recipient Contact	Information		
	a. Organization	City of Brooksville		
	b. Municipality and	l County Hernando		
	c. Organization Ty	pe		
	□For Profit Entity			
	□Non Profit 501(c	9)(3)		
	□Non Profit 501(c	e)(4)		
	☑Local Entity			
	□University or Co	llege		
	□Other (please sp	pecify)		
	d. First Name	Charlene	Last Name	Kuhn
	e. E-mail Address	ckuhn@cityofbrooksville.u	ıs	
	f. Phone Number			
16.	Lobbyist Contact I	nformation		
	a. Name	Shawn Foster		
	b. Firm Name	Sunrise Consulting Group)	
	c. E-mail Address	foster@scgroup.us		
	d. Phone Number	(727)808-4131		



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Please complete the questions below for Water Projects only.

17. Ha	ave you applied for alternative state funding?
ı	□ Waste Water Revolving Loan
I	☐ Drinking Water Revolving Loan
1	□ Small Community Wastewater Treatment Grant
1	□ Other (please specify)
ı	☑ N/A
18. W	hat is the population economic status?
ı	☐ Financially Disadvantaged Community (ch. 62-552, F.A.C)
I	☐ Financially Disadvantaged Municipality (ch. 62-552, F.A.C)
ı	☐ Rural Area of Economic Concern
ı	☐ Rural Area of Opportunity (s. 288.0656, Florida Statutes)
ı	☑ N/A
19. W	hat is the status of construction?
	Ready
20. W	hat percentage of the construction has been completed?
	0%
21. W	hat is the estimated completion date of construction?
	12/21/2022