

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 2365

1.	Project Title	Town of Ponce Inlet Replacement Backup Generator for Ponce Inlet Public Works					
2.	Senate Sponsor	Tom Wright					
3.	Date of Request	02/22/2023					
4.	Project/Program Des	scription					
	for the Town's Public works assets and fundafety mission of the	Works facility. The ctions as the prim Town. The curren nued reliability of and extreme weat	e Public Works ary location fo t generator is i the unit is in q her conditions	s facili r all pu more t uestio	ty is a 4,000 sq ft cri ublic works employe han 10 years old, ar n due to the age of t	tical facility that hou es. The facility is es nd repairs are becon he unit and its locati	sential to the public ning more frequent. on on the barrier island,
5	State Agency to rece	eive requested fu	ı nds Der	nartme	ent of Economic Opp	ortunity	
	State Agency contac	•	DO	Jartine	on Economic Opp	ortarity	
	•						
)	Amount of the Nonre	curring Request	for Fiscal Ye	ar 202	23-2024		
	Type of Funding				Amo		
	Operations					40,000	
	Fixed Capital Outlay					0	
	Total State Funds Re	equested				40,000	
7. [·]	Total Project Cost for	r Fiscal Year 202	3-2024 (inclu	ding r	natching funds ava	ilable for this proj	ect)
	Type of Funding				Amount	Percentage	
	Total State Funds Red	quested (from que	estion #6)		40,000	100%	
	Matching Funds						
	Federal				0	0%	
	State (excluding the a	mount of this requ	uest)		0	0%	
	Local				0	0%	
	Other				0	0%	
	Total Project Costs f	for Fiscal Year 20	023-2024		40,000	100%	
8.	Has this project prev	iously received	state funding	?	No		
Fiscal Year		Amount			Specific	Vetoed	
	(уууу-уу)	Recurring	Nonrecurr	ing	Appropriation #		
^			· · · · · · · · · · · · · · · · · · ·				
9.	la fotoma formalina dilea		- 40		Na		
	Is future funding like	•			No		1
	Is future funding like	•			No		
	•	nrecurring amou	nt per year.	d in li			
	a. If yes, indicate no	nrecurring amou	nt per year.	d in li			



Yes

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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

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Complete questions 11 and 12 for Fixed Capital Outlay Projects	
11. Status of Construction	
a. What is the current phase of the project?	
Planning Design Construction	
b. Is the project "shovel ready" (i.e permitted)?	
c. What is the estimated start date of construction?	
d. What is the estimated completion date of construction?	
12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding relationship between the owners of the facility and the entity.	g. Include the
13. Details on how the requested state funds will be expended Spending Category Description	Amount
Spending Category Description Administrative Costs:	Amount
Spending Category Description	Amount 0
Spending Category Administrative Costs: Executive Director/Project Head	
Spending Category Administrative Costs: Executive Director/Project Head Salary and Benefits Description	0
Spending Category Administrative Costs: Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/	0
Spending Category Administrative Costs: Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/ Other Consultants/Contracted Services/Study Operational Costs: Other	0 0
Spending Category Administrative Costs: Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/Other Consultants/Contracted Services/Study Operational Costs: Other Salary and Benefits	0 0
Spending Category Administrative Costs: Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/Other Consultants/Contracted Services/Study Operational Costs: Other Salary and Benefits Expense/Equipment/Travel/Supplies/Other Purchase of equipment and installation.	0 0 0
Spending Category Administrative Costs: Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/Other Consultants/Contracted Services/Study Operational Costs: Other Salary and Benefits Expense/Equipment/Travel/Supplies/ Purchase of equipment and installation.	0 0 0
Spending Category Administrative Costs: Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/Other Consultants/Contracted Services/Study Operational Costs: Other Salary and Benefits Expense/Equipment/Travel/Supplies/Other Salary and Benefits Expense/Equipment/Travel/Supplies/Other Salary and Benefits Expense/Equipment/Travel/Supplies/Other Consultants/Contracted Engineering consultation and project monitoring. Fixed Capital Construction/Major Renovation:	0 0 0 0 0 35,000
Spending Category Administrative Costs: Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/Other Consultants/Contracted Services/Study Operational Costs: Other Salary and Benefits Expense/Equipment/Travel/Supplies/Other Salary and Benefits Expense/Equipment/Travel/Supplies/Other Consultants/Contracted Services/Study Purchase of equipment and installation. Consultants/Contracted Services/Study Engineering consultation and project monitoring.	0 0 0 0 0 35,000

Replacement of current 10-year-old backup generator and transfer switch.



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Purchase and Ins	stallation of	backup generato	or a associate	ed transfe	er swit	ch.		
c. What direct services will be provided to citizens by the appropriation project?							?	
Replacement backup generator will assure public works operations can continue in no-power situations. Power ito maintaining emergency public works operations in no-power situations. d. Who is the target population served by this project? How many individuals are expected to be served?								
e. What is the ex be measured?	pected ben	efit or outcome	of this proj	ect? Wh	at is tl	ne metl	nodo	ology by which this outcome will
To place a reliab	To place a reliable, modern back-up generator at the public works facility. Percentage of time generator is used vs ailure. minimum of 98% reliability.							
	uggested p	enalties that the						n addition to its standard penaltie act?
Performance sta date.	Performance standard in the contract with percentage reduction in final payment for every day past project completion date.							
15. Requester Contac	et Informati	on						
a. First Name	Daniel		Last Name	Scales				
b. Organization Town of Ponce Inlet								
c. E-mail Address	dscales@	ponce-inlet.org						
d. Phone Number	(386)322	-6720	Ext.					
16. Recipient Contac	t Informatio	on						
a. Organization	Town of F	Ponce Inlet						
b. Municipality ar	d County	Volusia						
c. Organization T	уре							
□For Profit Entity	/							
□Non Profit 501	(c)(3)							
□Non Profit 501	(c)(4)							
☑Local Entity								
□University or C	ollege							
□Other (please s	specify)							
d. First Name	Daniel		Last Name	0 1				

e. E-mail Address dscales@ponce-inlet.org

f. Phone Number (386)322-6720



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17. Lobbyist Contact Informat

a. Name	None
b. Firm Name	None
c. E-mail Address	
d. Phone Number	