

LFIR # 2530

1.	Project Title	Surfside Turnkey Solar Power System				
2.	Senate Sponsor	Jason Pizzo				
3.	Date of Request	01/24/2020				
4.	Project/Program	Project/Program Description				
	Surfside's electricity b	ills, meet the Town's sustainability goals, and minimize the impact of the facility on the environment.				
5.	•••	receive requested funds Department of Economic Opportunity				
	State Agency con	tacted? 🔿 Yes 💿 No				

Amount of the Nonrecurring Request for Fiscal Year 2020-2021 6.

Type of Funding	Amount	
Operations	000	
Fixed Capital Outlay	200,000	
Total State Funds Requested	200,000	

7. Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)

Type of Funding	Amount	Percentage	
Total State Funds Requested (from question #6)	200000	100.0 %	
Matching Funds			
Federal	00	0 %	
State (excluding the amount of this request)	00	0 %	
Local	00	0 %	
Other	00	0 %	
Total Project Costs for Fiscal Year 2020-2021	200,000	100 %	

Has this project previously received state funding? 8. ○ Yes ● No If yes, provide the most recent instance:

Fiscal Year	Amount		Specific	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	Vetoed

9. Is future-year funding likely to be requested? ⊖ Yes No

If yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount		
Administrative Costs:				
Executive Director/Project Head Salary and Benefits				
Other Salary and Benefits				
Expense/Equipment/ Travel/Supplies/Other				
Consultants/Contracted Services/Study				
Operational Costs: Oth Salary and Benefits	er			
Expense/Equipment/ Travel/Supplies/Other				
Consultants/Contracted Services/Study				
Fixed Capital Construction/Major Renovation:				
Construction/Renovation/ Land/Planning Engineering	To design, permit, and construct a turnkey solar power system at the community center.	200,000		
Total State Funds Re	200,000			



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11. Program Performance

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

The funds are for a turnkey solar power system at the community center that will result in a reduction of energy consumption and the Town's electricity bills, meet the Town's sustainability goals, and minimize the impact of the facility on the environment.

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

The funds would be used to design, permit, and construct the new solar power system.

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

The new solar power system would provide a sustainable energy alternative to its users.

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

The residents of the Town of Surfside.

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

The new solar power system would reduce energy consumption, minimize environmental impact, and help meet the Town's sustainability goals. Pre- and post-installation electrical bills will be compared to demonstrate the reduction in energy consumption.

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 in the contract?

Work to be performed on contractor's time/cost if delays or performance issues occur at the fault of the contractor.



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12. 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.

	Т	own of Surfside.				
10			t Information			
13.	к е а.	equestor Contact First Name	Randy	Last Name	Stokos	
				Last Name	Slokes	
	b.	Organization	Town of Surfside			
	C.	E-mail Address	rstokes@townofsurfsidefl.gov			
	d.	Phone Number	(305)861-4863	Ext. 235		
14.	Re	ecipient Contact	Information			
	a.	Organization	Town of Surfside			
	b.	Municipality and	County Miami-Dade			
	c.	Organization Typ	De			
		For-profit E	ntity			
		O Non-Profit 8	•			
		O Non-Profit 5	501(c) (4)			
		Local Entity	1			
		O University of	or College			
		Other (plea	se specify)			
	d.	First Name	Randy	Last Name	Stokes	
	e. E-mail Address rstokes@townofsurfsidefl.gov					
	f.	Phone Number	(305)8614863			
15.	١c	obbyist Contact I	nformation			
10.		Name	Fausto Gomez			
		Firm Name	Gomez Barker Associates, Inc			
			fgomez@GomezBarker.com			
	υ.		Igomez @ OomezDarker.com			

Ext.

d. Phone Number (305)9059801