



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1678

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

- Replace an existing 17-year-old 500KW Generator with a new more energy efficient generator.
- This facility houses all Administrative functions for the Utilities Division with their 24-hour lift station, wastewater plant and water plant monitoring.

5. **State Agency to receive requested funds**

State Agency contacted?

6. **Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	220,000
Fixed Capital Outlay	0
Total State Funds Requested	220,000

7. **Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	220,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	220,000	100%

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**

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?**

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



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Total Spend--\$319,840,915. Funds received were used to cover costs associated with PPE, COVID related services within the county as well as relief for hospitals. In addition, funds provided assistance for County Government infrastructure improvements as well as assistance to small businesses, individuals, Local Government/Elected Officials.

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)?

Yes

c. What is the estimated start date of construction?

1/1/24

d. What is the estimated completion date of construction?

3/31/24

12. List 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.

Polk County, a Political Subdivision of the State of Florida

13. 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	Installation of generator.	220,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		220,000

14. Program Performance

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

The Utilities Administration Building houses the professional staff responsible for the functions of a full-service utility, including management, customer service, finance, engineering, technology services, and compliance. During emergency response events, such as hurricanes, the Administration Building serves as the command center for the coordinated response and recovery efforts to protect public health and safety. The generator replacement will allow Polk County Utilities to continue providing the services described above.



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

Polk County Facilities Management Division will provide project management services and budget oversight through out the project from the beginning until project closeout.

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

The Utilities Administration Building houses the professional staff responsible for the functions of a full-service utility, including management, customer service, finance, engineering, technology services, and compliance. During emergency response events, such as hurricanes, the Administration Building serves as the command center for the coordinated response and recovery efforts to protect public health and safety. The generator replacement will allow Polk County Utilities to continue providing the services described above during a power outage.

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

The citizens/residents of Polk County and visitors to Polk County. 800K+/-

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

The level of service will be determined by the support required to provide uninterrupted services to the citizens/residents and visitors to Polk County. The Polk County Utilities Administration Building serves as the command center for the coordinated response and recovery efforts to protect public health and safety. The generator replacement will allow Polk County Utilities to continue providing the services required needed by citizens and residents during a power outage.

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?

Failing to support the required uninterrupted services to the citizens/residents and visitors to Polk County will increase the time required by Polk County Utilities Administration to perform their duties which will reduce the level of confidence and respect Polk County's citizens have for the Polk County Utilities Division.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College



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Other (please specify) Local Government

d. First Name Last Name

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number