



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Permanent Emergency Bypass Diesel Pumps for Lift Stations

2. **Senate Sponsor:** Greg Steube

3. **Date of Submission:** 11/14/2017

4. **Project/Program Description:**

This project would install permanent diesel bypass pumps that would be installed at our lift stations during storm events or other loss of power events to avert sanitary sewer overflows into the environment.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Environmental Protection

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	250,000	250,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	250,000	50.0%
Other	0	0.0%
TOTAL	250,000	50.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 500,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>			

### 10. Is future-year funding likely to be requested?

Yes

#### a. If yes, indicate non-recurring amount per year.

500,000

### 11. Program Performance:

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

During Hurricane Irma, 107 of our lift stations were out of power for 7 days. 3 of our lift stations have generators installed on them, which wouldn't require these bypass pumps. Utilities has 14 portable pumps that can be utilized on any of our lift stations during a power outage or other loss of power event. During the Hurricane, Utilities had to utilize the 14 pumps moving them around to our 107 lift stations to avert a sanitary sewer overflow. Not only did we have to move these portable pumps, but hoses deep in lift stations had to be disconnected and re-installed at every move. These permanent pumps would be installed with a float system which would allow the pumps to kick on automatically in order for the lift station to pump down. We have taken this situation as a learning experience and decided that it would benefit North Port Utilities to install these permanent bypass pumps to free up field personnel to tend to other emergency needs.

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

We would purchase and install the pumps and control systems at our lift stations.

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		



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<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Permenant Bypass Pumps and Control Systems	500,000
TOTAL		500,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

Continuation of wastewater service during wide spread power outages. The public health and the environment will also benefit from this project.

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

The City of North Port citizens and the environment. The City of North Port population as of July 2016 was 64,274

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

During widespread power outage, sanitary sewer overflow will be prevented.

**g. 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?**

No additional penalties above standard liquidated damages in the City of North Port contract.

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

City of North Port. We are one in the same.

**13. Requestor Contact Information:**

**a. Name:** Mike Acosta

**b. Organization:** City of North Port



# *The Florida Senate*

## *Local Funding Initiative Request - Fiscal Year 2018-2019*

- c. Email: MAcosta@cityofnorthport.com
- d. Phone Number: (941)240-8013

### **14. Recipient Contact Information:**

- a. Organization: City of North Port
- b. County: Sarasota
- c. Organization Type:
  - ☐ For Profit
  - ☐ Non Profit 501(c) (3)
  - ☐ Non Profit 501(c) (4)
  - ☒ Local Entity
  - ☐ University or College
  - ☐ Other (Please specify)
- d. Contact Name: Mike Acosta
- e. E-mail Address: MAcosta@cityofnorthport.com
- f. Phone Number: (941)240-8013

### **15. If there is a registered lobbyist, fill out the lobbyist information below.**

- a. Name: Leslie Dughi
- b. Firm: Greenberg Traurig, P.A.
- c. Email: DughiL@gtlaw.com
- d. Phone Number: (850)521-8571