



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1074

1. Title of Project: City of LaBelle Lift Station Emergency Generators

2. Senate Sponsor: Kathleen Passidomo

3. Date of Submission: 01/17/2019

4. Project/Program Description:

This appropriation request is for emergency generators for the City of LaBelle Lift Stations. All of the 23 LaBelle lift stations serving City Hall lost power after Hurricane Irma. Permanent generators are needed to power five critical lift stations during emergencies. These five lift stations service the LaBelle Civic Center, LaBelle City Hall, and the Hendry County Jail. The amount requested is an estimate.

5. State Agency to receive requested funds : Executive Office of the Governor

State Agency Contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020

Type of Funding	Amount
Operations	
Fixed Capital Outlay	90,000
Total State Funds Requested	90,000

7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	90,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	90,000	100.0%

8. Has this project previously received state funding? No

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

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

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		



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Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Generators and the associated equipment to install them at five lift stations	90,000
Total State Funds Requested (must equal total from question #6)		90,000

11. Program Performance:

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

The five critical lift stations will be powered when needed due to lack of commercial power and be able to conduct business as normal after an event.

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

N/A

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

Allows for normal waste water service at critical facilities with power after an emergency event.

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

Western Hendry County and the City of LaBelle and surrounding area, 20,000 people.

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

Power will be available to run the five critical lift stations to operate shelter and conduct business after an emergency event. Power when activated.

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?

Withdraw the funding.

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 LaBelle will be the owner of the generators.

13. Requestor Contact Information:

a. Name: David Lyons

b. Organization: City of LaBelle



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c. **E-mail Address:** davealyons@hotmail.com

d. **Phone Number:** (863)228-0008

14. Recipient Contact Information:

a. **Organization:** City of LaBelle

b. **County:** Hendry

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:** Ron Zimmerly

e. **E-mail Address:** rzimmerly@citylabelle.com

f. **Phone Number:** (863)675-2872

15. Lobbyist Contact Information

a. **Name:** Joseph Spratt

b. **Firm Name:** Spratt & Associates

c. **E-mail Address:** josephrspratt@yahoo.com

d. **Phone Number:** (863)517-0235