



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2627

1. **Title of Project:** Hurricane- Wewa Lift Stations

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 03/14/2019

4. **Project/Program Description:**

THERE ARE FOUR LIFT STATIONS (SEWER) THAT NEED TO BE UPGRADED FROM DRY PUMPS TO SUBMERSIBLE PUMPS; THEY HAVE CONFINED SPACE ISSUES FOR THE EMPLOYEES TO WORK IN; THERE IS OCCASIONAL SEWER OVERFLOW FROM THE "WET" SIDE TO THE "DRY" SIDE WHERE EMPLOYEES WORK; THERE IS A POSSIBILITY OF GROUND WATER INFILTRATION; AND THE NEED TO REPLACE FENCES DAMAGED BY HURRICANE MICHAEL TO BE IN COMPLIANCE WITH FDEP PERMITTING.

COST IS ESTIMATED AT \$250,000 EACH LIFT STATION (#3, #4, #6, #8)

5. **State Agency to receive requested funds :** Department of Environmental Protection

State Agency Contacted? No

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

Type of Funding	Amount
Operations	
Fixed Capital Outlay	1,000,000
Total State Funds Requested	1,000,000

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)	1,000,000	100.0%
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
Total Project Costs for Fiscal Year 2019-2020	1,000,000	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:		



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Executive Director/Project Head Salary and Benefits	Details for this page are unknown at this time as we have been still determining losses from Hurricane Michael and have not yet developed scopes of work or advertised for contractors/bids	1,000,000
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		
Total State Funds Requested (must equal total from question #6)		1,000,000

11. Program Performance:

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

Upgrading the lift stations would result in safer and easier working conditions for the employees as they must go into these stations daily to take readings, determine problems and make repairs.

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

Developing scopes of work, competitive bidding, construction, employment

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

Safety from health concerns regarding sewer overflow; physical safety for employees or for first responders if they were needed.

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

City (population approx 2,000 currently)

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

Safety from health concerns regarding sewer overflow; physical safety for employees or for first responders if they were needed.

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?

Standard penalties, bonding requirements and state/federal license requirements should be sufficient.

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.

Not applicable



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13. Requestor Contact Information:

- a. **Name:** Cathy Simmons
- b. **Organization:** City of Wewahitchka
- c. **E-mail Address:** wewacomptroller@fairpoint.net
- d. **Phone Number:** (850)639-2605

14. Recipient Contact Information:

- a. **Organization:** City of Wewahitchka
- b. **County:** Gulf
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify) municipal government
- d. **Contact Name:** Cathy Simmons
- e. **E-mail Address:** wewacomptroller@fairpoint.net
- f. **Phone Number:** (850)639-2605

15. Lobbyist Contact Information

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