

LFIR # 1101

1. Project Title	Treasure Island Sewer	Lift Station F	Rehabilitation				
2. Senate Sponsor	Jeff Brandes						
3. Date of Request	01/12/2021						
4. Project/Program D	escription						
stations and pump s	re Island has a lift station re stations every ten years. es sanitary sewer system r			•	·		
	ceive requested funds		tment of Environmental Protection				
State Agency conta	acted? No recurring Request for Fis	scal Year 20	21-2022				
Type of Funding			Amo	ount			
Operations			0				
Fixed Capital Outlag				500,000	1		
<b>Total State Funds</b>	Requested			500,000			
7. Total Project Cost	for Fiscal Year 2021-2022	(including	matching funds ava	ilable for this proj	ect)		
Type of Funding			Amount	Percentage			
Total State Funds Requested (from question #6)			500,000	80%			
Matching Funds			0	00/			
	Federal			0% 0%			
Local	State (excluding the amount of this request)			20%	1		
Other			125,000 0	0%			
	s for Fiscal Year 2021-202	22	625,000	100%			
	eviously received state for	<u>.                                      </u>	No		•		
Fiscal Year	Fiscal Year Amount		Specific	Vetoed			
(уууу-уу)	Recurring Non	recurring	Appropriation #				
9. Is future funding li	kely to be requested?		No		I		
_	nonrecurring amount per	vear					
• .					J		
b. Describe the so	urce of funding that can l	be used in I	ieu of state funding.	•	1		
10. Has the entity rec	uesting this project rece	ived any fed	deral assistance rela	ated to the COVID-	19 pandemic?		
No	- · ·	•			-		
If yes, indicate the	amount of funds receive	ed and what	the funds were use	ed for.			



LFIR # 1101

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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	Design and specifications development to include construction administrative services.	50,000		
Operational Costs: Other				
Salary and Benefits		0		
Expense/Equipment/Travel/Supplies/ Other		0		
Consultants/Contracted Services/Study		0		
Fixed Capital Construction/Majo	r Renovation:			
Construction/Renovation/Land/ Planning Engineering	Construction of the rehabilitated sanitary sewer lift station.	450,000		
<b>Total State Funds Requested (m</b>	Total State Funds Requested (must equal total from question #6) 500,000			

#### 12. Program Performance

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

The City collects and transfers approximately 1.5 million gallons per day to the City of St. Petersburg for treatment and disposal. The City of Treasure Island owns and operates ten sanitary sewer lift stations and two pump stations. The goal to be achieved by the funds requested is to improve the reliability of the sanitary sewer system infrastructure by performing an in-depth rehabilitation of Lift Station #3.

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

The intended purpose of these funds is to design, bid and construct the rehabilitation of Lift Station #3. A previous rehabilitation of this lift station last occurred in 2012. The City's lift stations require major rehabilitation approximately every ten years. Rehabilitation consists of replacing pumps, pump stands, electrical panels, the valve vault and valves, the control system and SCADA, and replacing the vault doors with water tight doors to minimize infiltration and inflow.

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

The citizens of Treasure Island will receive direct services from this appropriation project by having a more reliable sanitary sewer system that transfers domestic sewage off the barrier island in safe manner, minimizing the risk of sewer overflows.

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

The entire population of Treasure Island of over 6,900 residents will be served by this project. However, approximately 900 individuals will be directly served by the rehabilitation of Lift Station #3 because this lift station directly serves these residents

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

The expected benefit of this project is to increase reliability of the sanitary sewer system and to minimize the risk of sanitary sewer overflows during heavy rainfall events. The methodology for measuring the project's outcome is by comparing the reliability of the lift station and investigating pre and post construction infiltration and inflow within the lift station collection basin.



LFIR # 1101

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?

The City of Treasure Island is diligent in ensuring that all project deliverables are met within required time frames. If an issue is anticipated, the City will coordinate with the Department in advance to make any necessary adjustments.

13. 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.

The owner and operator of this facility is the City of Treasure Island.



### The Florida Senate

### Local Funding Initiative Request Fiscal Year 2021-2022

LFIR # 1101

14.	14. Requestor Contact Information					
	a. First Name	Garry Last Name Brumbac			Brumback	
	b. Organization	City of Treasure Island				
	c. E-mail Address	gbrumbad	gbrumback@mytreasureisland.org			
	d. Phone Number	(727)547	-4575	Ext.	227	
15.	Recipient Contact	Informatio	on			
	a. Organization	City of Tr	easure Island			
	b. Municipality and	I County	Pinellas			
	c. Organization Ty	ре				
	□For Profit Entity					
	□Non Profit 501(c	)(3)				
	□Non Profit 501(c	:)(4)				
	☑Local Entity					
	□University or Co	ollege				
	□Other (please sp	pecify)				
	d. First Name	Michael		Last Name	Helfrich	
	e. E-mail Address	mhelfrich@mytreasureisland.org				
	f. Phone Number	(727)457-4575				
16.	16. Lobbyist Contact Information					
	a. Name	RJ Myers	3			
	b. Firm Name	Suskey C	Consulting, LLC			
	c. E-mail Address	rj@suskeyconsulting.com				
	d. Phone Number	er (850)933-0883				



LFIR # 1101

### Please complete the questions below for Water Projects only.

17.	Have you applied for alternative state funding?			
	□ Waste Water Revolving Loan			
	☐ Drinking Water Revolving Loan			
	☐ Small Community Wastewater Treatment Grant			
	☐ Other (please specify)			
	☑ N/A			
18.	What is the population economic status?			
	☐ Financially Disadvantaged Community (ch. 62-552, F.A.C)			
	☐ Financially Disadvantaged Municipality (ch. 62-552, F.A.C)			
	□ Rural Area of Economic Concern			
	☐ Rural Area of Opportunity (s. 288.0656, Florida Statutes)			
	☑ N/A			
19.	What is the status of construction?			
	Not started			
20.	What percentage of the construction has been completed?			
	0%			
21.	What is the estimated completion date of construction?			
	01/16/2023			