

LFIR # 2029

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Senate Sponsor	Joe Gruters				
Date of Request	03/03/2021				
Project/Program De	scription				
•	•				
reliability and resilien	sting a master sew icy and minimize d	age lift station servischarges of raw s	ring the core of the City ewage to Sarasota Bay	's tourism industry in '.	
State Agency to rec	eive requested fu	nds Departm	ent of Environmental P	rotection	
State Agency conta	cted? No				
Amount of the Nonr	ecurring Request	for Fiscal Year 2	021-2022		
Type of Funding			Amount		
Operations			O		
Fixed Capital Outlay				350,000	
Total State Funds R			350,000		
Type of Funding			Amount	Percentage	
Total State Funds Re	eauested (from aue	estion #6)	350,000	50%	
Matching Funds		,			
Federal			0	0%	
State (excluding the amount of this request)			0	0%	
Ciaic (Cholading the	·			50%	
Local			350,000		
			0	0%	
Local	for Fiscal Year 20	021-2022		0% <b>100%</b>	
Local Other			0		
Local Other Total Project Costs Has this project pre	viously received		0 700,000 No Specific		
Local Other Total Project Costs Has this project pre	viously received	state funding?	700,000 No	100%	
Local Other Total Project Costs Has this project pre	eviously received	state funding?	0 700,000 No Specific	100%	
Local Other  Total Project Costs  Has this project pre  Fiscal Year (уууу-уу)	eviously received Amo	state funding?  ount  Nonrecurring	0 700,000 No Specific	100%	
Local Other Total Project Costs Has this project pre Fiscal Year (уууу-уу) Is future funding like	Amo Recurring	state funding?  ount  Nonrecurring  ed?	No Specific Appropriation #	100%	
Local Other Total Project Costs Has this project pre Fiscal Year (yyyy-yy)  Is future funding lik a. If yes, indicate no	Amo Recurring tely to be requested	state funding?  ount  Nonrecurring  ed?  Int per year.	No Specific Appropriation #	100%	
Local Other Total Project Costs Has this project pre Fiscal Year (yyyy-yy)  Is future funding lik a. If yes, indicate no	Amo Recurring tely to be requested	state funding?  ount  Nonrecurring  ed?  Int per year.	No Specific Appropriation #	100%	
Local Other Total Project Costs Has this project pre Fiscal Year (yyyy-yy)  Is future funding lik a. If yes, indicate no	Amo Recurring tely to be requested	state funding?  ount  Nonrecurring  ed?  Int per year.	No Specific Appropriation #	100%	
Local Other Total Project Costs Has this project pre Fiscal Year (yyyy-yy)  Is future funding lik a. If yes, indicate no	Amo Recurring tely to be requested conrecurring amounted of funding that	state funding?  ount  Nonrecurring  ed?  Int per year.  at can be used in	No Specific Appropriation # No lieu of state funding.	Vetoed	
Local Other Total Project Costs Has this project pre Fiscal Year (yyyy-yy)  Is future funding lik a. If yes, indicate no	Amo Recurring tely to be requested conrecurring amounted of funding that	state funding?  ount  Nonrecurring  ed?  Int per year.  at can be used in	No Specific Appropriation #	Vetoed	
Local Other Total Project Costs Has this project pre Fiscal Year (yyyy-yy)  Is future funding lik a. If yes, indicate no	Amo Recurring tely to be requested conrecurring amounted of funding that	state funding?  ount  Nonrecurring  ed?  Int per year.  at can be used in	No Specific Appropriation # No lieu of state funding.	Vetoed	
Local Other Total Project Costs Has this project pre Fiscal Year (yyyy-yy)  Is future funding lik a. If yes, indicate no b. Describe the sou  Has the entity requivo	Recurring  Tely to be requested annecurring amounts of funding that the section is a section of the section of	state funding?  ount  Nonrecurring  ed?  Int per year.  at can be used in  ct received any fe	No Specific Appropriation # No lieu of state funding.	Vetoed ted to the COVID-19	



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11. 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		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Construction only. Engineering to be performed by the City.	350,000
Total State Funds Requested (m	ust equal total from question #6)	350,000

#### 12. Program Performance

- a. What specific purpose or goal will be achieved by the funds requested?
- Reduced potential for sewage spills and associated pathogens and and nutrients into Sarasota Bay.
- Reduced potential for sewage spills and associated pathogens and and nutrients on the ground and into Sarasota Bay.
- Reduced potential for sewage spills and associated pathogens and # of Spills and nutrients on the ground and into Sarasota Bay.
- b. What activities and services will be provided to meet the intended purpose of these funds?

N/A

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

None

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

N/A

- e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
- Enhance/preserve/improve environmental or fish and wildlife quality
- Protect the general public from harm (environmental)
- Improve wastewater management
- 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?

Forfeiture of funds

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.



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City of Sarasota



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14.	14. Requestor Contact Information						
	a. First Name	William Last Name Riebe					
	b. Organization	City of Sarasota Utilities Department					
	c. E-mail Address	bill.riebe@sarasotafl.gov					
	d. Phone Number	(941)263-6884 <b>Ext.</b>					
15.	15. Recipient Contact Information						
	a. Organization	City of Sarasota					
	b. Municipality and	I County	Sarasota				
	c. Organization Type						
	□For Profit Entity	Entity					
	□Non Profit 501(c	c)(3)					
	□Non Profit 501(c	5)(4)					
	☑Local Entity						
	□University or Co	College					
	□Other (please sp	□Other (please specify)					
	d. First Name	William		Last Name	Riebe		
	e. E-mail Address	bill.riebe@	②sarasotafl.gov				
	f. Phone Number	(941)263-	-6884				
16.	16. Lobbyist Contact Information						
	a. Name	Laura E. Boehmer					
	b. Firm Name	The Southern Group					
	c. E-mail Address	boehmer@thesoutherngroup.com					
	d. Phone Number						



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

17. F	lave 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. V	Vhat 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. V	Vhat is the status of construction?
	Ready
20. V	What percentage of the construction has been completed?
	0%
21. V	What is the estimated completion date of construction?
	06/01/2022