



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1511

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

5. State Agency to receive requested funds

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

| Type of Funding | Amount |
|------------------------------------|----------------|
| Operations | 0 |
| Fixed Capital Outlay | 750,000 |
| Total State Funds Requested | 750,000 |

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

| Type of Funding | Amount | Percentage |
|--|----------------|-------------|
| Total State Funds Requested (from question #6) | 750,000 | 100% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 0 | 0% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2022-2023 | 750,000 | 100% |

8. Has this project previously received state funding? No

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

9. Is future funding likely to be requested? No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

Yes

If yes, indicate the amount of funds received and what the funds were used for.



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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/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | Back up generator replacement for wastewater treatment plant and system. | 750,000 |
| Total State Funds Requested (must equal total from question #6) | | 750,000 |

12. Program Performance

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

Purchase of backup generator used to prevent interruption in wastewater treatment services during power loss. This purchase would replace and upgrade the generator installed in 2003.

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

Purchase and installation of replacement backup generator for wastewater treatment plant and system.

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

Maintain resilience against power loss for the generator in the event of emergency.

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

All City of Palmetto residents. The City population as of 2022 is estimated at 13,348. This funding will also benefit residents living in unincorporated Manatee County served by the City wastewater plant and system.

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

Maintain resilience against power loss, which eliminates sewer service to the City and County residents on the sewer system. Sewer Plant Generator power loss will also have a harmful effect on the environment increasing the possibility of a spill into the Manatee River and Terra Ceia Bay, which flow directly into Tampa Bay.

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?

Agency intends to use funds as described above and complete project on time.

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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The wastewater treatment plant is owned by the City of Palmetto. The operation of the City Owned WWTP is contracted to Veolia Water.



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number