



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2343

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Master Lift Station for the City of Brooksville was originally installed in 1950 and has exceeded its maximum life expectancy. The City is seeking to modify and retrofit this lift station. This project will consist of removal of the existing building, expansion of the wet well to bring it up to grade, installation of new submersible pumps, upgrade and replacement of all electrical components, and installation of new monitoring equipment. These upgrades to the system will help to ensure the proper and efficient operations for the lift station, provide increased, quality service to our residents and protect the environment from the possibility of contamination from overflows.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

| Type of Funding | Amount |
|------------------------------------|----------------|
| Operations | 0 |
| Fixed Capital Outlay | 375,000 |
| Total State Funds Requested | 375,000 |

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

| Type of Funding | Amount | Percentage |
|--|----------------|-------------|
| Total State Funds Requested (from question #6) | 375,000 | 50% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 375,000 | 50% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2023-2024 | 750,000 | 100% |

8. Has this project previously received state funding?

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

9. Is future funding likely to be requested?

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?



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

The City received CARES Funding as a subrecipient from Hernando County in the amount of \$178,795.75; used predominantly for COVID supplies and equipment as well as COVID sick payroll. The City has also received American Rescue Plan Act (ARPA) funds in the amount of \$4,289,311. The majority of the ARPA funds are being used for critical infrastructure improvements within the City.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

Jan 2024

d. What is the estimated completion date of construction?

June 2024

12. List 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.

City of Brooksville.

13. 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 | Modify and retrofit the master lift station including the removal of the existing building, expansion of the wet well to bring it up to grade, installation of new submersible pumps, upgrade and replacement of all electrical components, and installation of new monitoring equipment. | 375,000 |
| Total State Funds Requested (must equal total from question #6) | | 375,000 |

14. Program Performance

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



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Upgrades to the system will help to ensure the proper and efficient operations for the lift station, provide better quality service to our residents and protect the environment from the possibility of contamination from overflows.

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

Modify and retrofit the lift station

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

This project will protect the health and safety of the community by ensuring the efficient and safe transport and treatment of wastewater. Additionally, it will ensure we are limiting the potential for spills that would impact the environment.

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

All citizens and visitors of the City, population est. 9,481, and visitors may benefit from this project.

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

Reduction in lift station operation failure and decrease in spills that affect citizens and the environment. All spills have to be tracked, recorded and reported to DEP, thereby, the reporting to DEP will be reduced. Depending on the size of spills, the City could be subject to fines by DEP, therefore, enhanced/upgraded operations could reduce potential fines.

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?

Withhold payment.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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**



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e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

Please complete the questions below for Water Projects only.

18. 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

19. 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

20. What is the status of construction?

21. What percentage of the construction has been completed?

22. What is the estimated completion date of construction?