

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 2347

1. Project Title	Brooksville Replacemen Acquisition (SCADA)	t/Upgrade o	f the Supervisory Cor	ntrol and Data	
2. Senate Sponsor	Blaise Ingoglia				
3. Date of Request	02/21/2023				
4. Project/Program De	escription				
now which permits re SCADA is a control s interfaces for high-le programmable logic monitoring and the is SCADA computer sy	ille has been utilizing a Supermote communications beto system architecture comprised supervision of machine controllers, which interface sauing of process commandatem. The City's current sypexposure to the elements.	ween our ou sed of comp s and proce with proces ds. for instar	utlying assets (lift state outers, networked dat sses. It also covers s as plant or machinery nce, controller set poi	ion, well sites, and a communications a ensors and other do. The operator internt changes, are ha	water distribution sites). and graphical user evices, such as faces enables ndled through the
5. State Agency to rec	•	Departme	ent of Environmental	Protection	
State Agency conta	•				
• .		I V 00	22 2024		
	ecurring Request for Fisc	cai fear 20.	I		
Type of Funding			Amo		
Operations				100,000	
Fixed Capital Outlay				400 000	
Total State Funds F	requestea			100,000	
•	•			/	
7. Total Project Cost fo	or Fiscal Year 2023-2024	(including ı	matching funds ava	,	ect)
7. Total Project Cost fo		(including I	matching funds ava	,	ect)
Type of Funding		·		ilable for this proj	ect)
Type of Funding	or Fiscal Year 2023-2024	·	Amount	ilable for this proje	ect)
Type of Funding Total State Funds Re	or Fiscal Year 2023-2024	·	Amount	ilable for this proje	ect)
Type of Funding Total State Funds Re Matching Funds Federal	or Fiscal Year 2023-2024	·	Amount 100,000	ilable for this proje Percentage 50%	ect)
Type of Funding Total State Funds Re Matching Funds Federal	or Fiscal Year 2023-2024 (equested (from question #6	·	Amount 100,000	Percentage 50%	ect)
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the	or Fiscal Year 2023-2024 (equested (from question #6	·	Amount 100,000 0	Percentage 50%	ect)
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other	or Fiscal Year 2023-2024 (equested (from question #6	5)	Amount 100,000 0 0 100,000	Percentage 50% 0% 50%	
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs	equested (from question #6	4	Amount 100,000 0 0 100,000 0	Percentage 50% 0% 0% 50% 0%	
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre	equested (from question #6 amount of this request)	4	Amount 100,000 0 100,000 0 200,000 No Specific	Percentage 50% 0% 0% 50% 0%	
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre	equested (from question #6 amount of this request) for Fiscal Year 2023-2026 eviously received state fu	4	Amount 100,000 0 100,000 0 200,000	Percentage 50% 0% 0% 50% 100%	
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre	equested (from question #6 amount of this request) for Fiscal Year 2023-2026 eviously received state fu	4 nding?	Amount 100,000 0 100,000 0 200,000 No Specific	Percentage 50% 0% 0% 50% 100%	
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre	equested (from question #6 amount of this request) for Fiscal Year 2023-2026 eviously received state fu Amount Recurring Nonr	4 nding?	Amount 100,000 0 100,000 0 200,000 No Specific	Percentage 50% 0% 0% 50% 100%	
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre Fiscal Year (уууу-уу) 9. Is future funding like	equested (from question #6 amount of this request) afor Fiscal Year 2023-2024 eviously received state fu Amount Recurring Nonr kely to be requested?	4 nding?	Amount 100,000 0 100,000 0 200,000 No Specific Appropriation #	Percentage 50% 0% 0% 50% 100%	
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre Fiscal Year (уууу-уу) 9. Is future funding like a. If yes, indicate no	equested (from question #6 amount of this request) afor Fiscal Year 2023-2024 eviously received state fu Amount Recurring Nonr cely to be requested? conrecurring amount per y	4 nding?	Amount 100,000 0 100,000 0 200,000 No Specific Appropriation #	Percentage	
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre Fiscal Year (уууу-уу) 9. Is future funding like a. If yes, indicate no	equested (from question #6 amount of this request) afor Fiscal Year 2023-2024 eviously received state fu Amount Recurring Nonr kely to be requested?	4 nding?	Amount 100,000 0 100,000 0 200,000 No Specific Appropriation #	Percentage	



Yes

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

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100,000

If yes, in	dicate the amount of fu	nds received and what the funds were used	for.	
\$178,795 payroll. T \$4,289,3	.75; used predominantly he City has also receive	ng as a subrecipient from Hernando County in the for COVID supplies and equipment as well as the damage of the damage of the force of the damage of the force of the damage of the damag	COVID sick ne amount of	
Complet	e questions 11 a	nd 12 for Fixed Capital Outlay F	rojects	
11. Status o	f Construction			
a. What is	s the current phase of	he project?		
○Plan	ning ODesign	Construction		
b. Is the p	project "shovel ready"	(i.e permitted)?		
c. What is	s the estimated start d	te of construction?		
d. What is	s the estimated comple	tion date of construction?		
13. Details o	n how the requested s	tate funds will be expended		
Spending	Category	Description		Amount
Administ	rative Costs:			
Executive I Salary and	Director/Project Head Benefits			(
Other Sala	ry and Benefits			(
Expense/E Other	quipment/Travel/Supplies/			(
Consultant Services/S	s/Contracted tudy			(
Operation	nal Costs: Other			
Salary and				(
Expense/E Other	quipment/Travel/Supplies/	Replacement/Purchase of an upgraded SCAL	OA System	100,000
Consultant Services/S	s/Contracted tudy			(
Fixed Ca	pital Construction/Maj	r Renovation:		
Construction Planning E	on/Renovation/Land/			(

14. Program Performance

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

Total State Funds Requested (must equal total from question #6)



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Upgrade to the S0	CADA system will ensure the efficient operations of all of our outlying critical facilities.	
b. What activities	and services will be provided to meet the intended purpose of these funds?	
Purchase of upgra	aded SCADA System.	
c. What direct ser	rvices will be provided to citizens by the appropriation project?	
The upgraded sys	stem will increase the quality of service we are able to provide, allow our technicians to focus on plant nance, reduce potential hazards to our drinking water supply and the environment.	
d. Who is the targ	get population served by this project? How many individuals are expected to be served?	
All citizens and vis	sitors of the City, population est. 9,481, and visitors may benefit from this project.	
e. What is the exp be measured?	pected benefit or outcome of this project? What is the methodology by which this outcome will	
Reduction of haza the reduction of re	ards that affect the drinking water supply and environment. This will be measured through tracking of ealized hazards.	
	iggested penalties that the contracting agency may consider in addition to its standard penalties to deliverables or performance measures provided for the contract?	
Withhold paymen	t.	
15. Requester Contac	t Information	
a. First Name	Ron Last Name Snowberger	
b. Organization	City of Brooksville	
c. E-mail Address	rsnowberger@cityofbrooksville.us	
d. Phone Number	(352)540-3810 Ext.	
16. Recipient Contact	Information	
a. Organization	City of Brooksville	
b. Municipality and	d County Hernando	
c. Organization Ty	ре	
□For Profit Entity		
□Non Profit 501(d	c)(3)	
□Non Profit 501(d	c)(4)	
☑Local Entity		
□University or Co	bllege	
□Other (please s	pecify)	
d. First Name	Charlene Last Name Kuhn	
e. E-mail Address	ckuhn@cityofbrooksville.us	



01/31/2024

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f. Phone Number	f. Phone Number (352)754-4986				
17. Lobbyist Contact I	nformation				
a. Name	Heather L. Turnbull				
b. Firm Name	Rubin, Turnbull & Associates				
c. E-mail Address	c. E-mail Address heather@rubinturnbull.com				
d. Phone Number	(305)495-3868				
Please complete the questions below for Water Projects only. 18. Have you applied for alternative state funding?					
□ Waste Water R	_				
□ Drinking Water Revolving Loan					
☐ Small Community Wastewater Treatment Grant					
☐ Other (please specify)					
☑ N/A					
19. What is the popula	tion economic status?				
☐ Financially Disa	advantaged Community (ch. 62-552, F.A.C)				
☐ Financially Disa	advantaged Municipality (ch. 62-552, F.A.C)				
☐ Rural Area of E	conomic Concern				
☐ Rural Area of Opportunity (s. 288.0656, Florida Statutes)					
☑ N/A					
20. What is the status	of construction?				
Ready					
21. What percentage of	of the construction has been completed?				
0%					
22. What is the estima	ted completion date of construction?				