

LFIR # 1998

1. Project Title	Hillshorough Co	inty Critical Litility	/ Infrastructure Generate	ors			
i. i roject ritie	Tilliaborough Co	unity Offical Offilly	mmasiruciure Generali	JI J			
2. Senate Sponsor	Jay Collins						
3. Date of Request	2/24/2025						
4. Project/Program D	escription						
County that collective infrastructure that is	vely provide drinking being targeted is tv	water/wastewate wowater treatmer	are in use at critical utiliter or services to more than of plants and two wastev all weather events, thes	250,000 residents vater lift stations. A	. The critical ging generators are at		
5. State Agency to re	ceive requested fu	nds Depart	ment of Environmental I	Protection			
State Agency conta		for Fiscal Year 2	2025-2026				
Type of Funding			Amo	unt			
Operating				0			
Fixed Capital Outlay				3,000,000	1		
Total State Funds	Requested			3,000,000			
7. Total Project Cost f	for Fiscal Year 202	5-2026 (includin	g matching funds avai	lable for this proj	ect)		
Type of Funding			Amount	Percentage			
Total State Funds R	Requested (from que	estion #6)	3,000,000	50%			
Matching Funds				00/			
Federal	amount of this road	LOCAT)	0	0% 0%	1		
State (excluding the Local	amount of this requ	iest)	3,000,000	50%	1		
Other			3,000,000	0%	1		
Total Project Costs	a far Finant Vans 20	2000	6,000,000	100%	Ī		
8. Has this project profile the	eviously received	state funding?	No 0,000,000	10076	1		
Fiscal Year	Amo		Specific	Vetoed			
(уууу-уу)	Recurring	Nonrecurring	Appropriation #				
9. Is future-year fund			No				
	a. If yes, indicate nonrecurring amount per year. b. Describe the source of funding that can be used in lieu of state funding.						
b. Describe the so	urce of funding tha	it can be used in	i lieu of state funding.		7		



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10.	Status of Constr	uction					
á	. What is the cur	rrent phase of th	ne project?				
	Planning	Design	Construction	O N/A			
k	o. Is the project "	shovel ready" (i	.e permitted)?		No		
c. What is the estimated start date of construction?				12/01/2025			
d. What is the estimated completion date of construction?					01/01/2027		
e	e. What funding s	stream will be us	sed for ongoing ope	rations a	and maintenance	of the project?	
	Hillsborough Cou	unty Funds					
11.			receive, directly or s of the facility and			al outlay funding	. Include the
	Hillsborough County						

12. 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			
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	Purchase and installation of four diesel generators and other necessary appurtenances (generator pad, automatic transfer switch, etc.).	3,000,000	
Total State Funds Requested (must equal total from question #6) 3,000,00			

13. Program Performance

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

The funds will be used to replace aging generators that are in use at critical utility infrastructure throughout Hillsborough County that collectively provide drinking water/wastewater services to more than 250,000 residents. The critical infrastructure that is being targeted is two water treatment plants and two wastewater lift stations. Aging generators are at risk of failure; to maintain continuous service throughout all weather events, these aging generators need to be replaced.

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

Purchase and installation of four diesel generators and other necessary appurtenances (generator pad, automatic transfer switch, etc.).



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

	The proposed generators will help to ensure the critical utility infrastructure remains operational durin and any power outages. This helps to safeguard the treatment of drinking water/wastewater and prevocus quantifiable reduction in boil water notices. \$1,500,000 for two replacement generators at two of our validities in the northwest service area of Fawn Ridge & Lake Park. \$500,000 for one replacement generators that services the south service area of the Miller Mac Master Pump Station. \$250,000 for generator at one of our booster pump stations that services the Central service area.	ent any disruptions. water treatment nerator at one of our
	d. Who is the target population served by this project? How many individuals are expected to be	e served?
	County-wide impact is expected.	
	e. What is the expected benefit or outcome of this project? What is the methodology by which to be measured?	this outcome will
	The proposed generator will help to ensure the wastewater pump stations remain operational during and any power outages. This helps to safeguard the treatment of wastewater and prevent any wastew the pipes. In doing so, this reduces the volume of wastewater that may enter the stormwater system, vinefficiencies within stormwater operations.	vater from escaping
	Quantifiable reduction in sanitary sewer overflows; quantifiable reduction in inflow and infiltration in util reduction in treatment costs.	ility systems;
	f. What are the suggested penalties that the contracting agency may consider in addition to its for failing to meet deliverables or performance measures provided for in the contract?	standard penalties
	Failure to meet performance measures may lead to corrective action, contract termination, and/or for	feiture of funds.
14.	Is this project related to mitigation, response, or recovery from a natural disaster? No	
á	. If Yes, what phase best describes the project?	
	☐ Mitigation (reducing or eliminating potential loss of life or property)	
	Response (addressing the immediate and short-term effects of a natural disaster)	
	Recovery (assisting communities return to normal operations, including rebuilding damaged infast	tructure)
k	o. Name of the natural disaster (or Executive Order # for events not under a federal declaration):	
15.	Has the entity applied for or received federal assistance for this project?	
	□ Yes, Applied	
	□ Yes, Received	
	□ No	
	□ No, but intends to apply	
á	. If yes, provide the FEMA project worksheet ID#:	
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k	b. Provide the total project cost listed on the FEMA project worksheet:	



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16. Has the entity applied for or received state assistance for this project (other than this request)?	
☐ Yes, Applied	
☐ Yes, Received	
□ No	
□ No, but intends to apply	
a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, De Commerce):	partment of
Please complete questions 17 through 21 for Water Projects only.	
17. Have you been awarded or applied for alternative state funding for this project?	
☐ Water Quality Improvement Grant Program	
☐ Resilient Florida Grant Program	
☐ Wastewater Revolving Loan	
□ Drinking Water Revolving Loan	
☐ Small Community Wastewater Treatment Grant	
☐ Other (please specify, ex. Alternative Water Supply Grants)	
☑ 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?	
Ready	
20. What percentage of the construction has been completed?	
0% 21 What is the estimated completion date of construction? 06/30/2026	



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22.	Requester Contact	ester Contact Information					
	a. First Name	Lauren		Last Name	Storch		
	b. Organization	Hillsboro	ugh County				
	c. E-mail Address	StorchLa					
	d. Phone Number	(813)493	(813)493-6780 Ext.				
23.	Recipient Contact	Information	on				
a. Organization Hillsborough County							
	b. Municipality and County Hillsborough						
	c. Organization Ty	ре					
	□For Profit Entity						
	□Non Profit 501(c	c)(3)					
	□Non Profit 501(c	5)(4)					
	☑Local Entity						
	□University or Co	ollege					
	□Other (please sp	Other (please specify)					
	d. First Name	Lauren		Last Name	Storch		
	e. E-mail Address	StorchLa	@HCFL.gov				
	f. Phone Number	(813)493	-6780	Ext.			
24.	24. Lobbyist Contact Information						
	a. Name	Cameron Pennant					
	b. Firm Name						
	c. E-mail Address	PennantC@HCFLGov.net					
	d. Phone Number	r (813)276-2640					

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.