

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Sunrise Emergency Lift Station Power & Pumping
2. Date of Submission: 11/09/2017
3. House Member Sponsor: Katie Edwards
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					500,000	500,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? No
 - 5a. If yes, which state agency?
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Environmental Protection
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

De-funding of the appropriation of the local agency fails to procure critical infrastructure.

6. Requester:

- a. Name: Isabel Garcia
- b. Organization: City of Sunrise
- c. Email: igarcia@sunrisefl.gov
- d. Phone #: (954)577-1138

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Timothy Welch
- b. Organization: City of Sunrise
- c. Email: twelch@sunrisefl.gov
- d. Phone #: (954)888-6055

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Ronald Book
- b. Firm: Ronald L. Book, PA
- c. Email: ron@rlbookpa.com, rana@rlbookpa.com
- d. Phone #: (850)224-3427

9. Organization or Name of entity receiving funds:

- a. Name: City of Sunrise
- b. County (County where funds are to be expended): Broward
- c. Service Area (Counties being served by the service(s) provided with funding): Broward

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

The City's regional water & wastewater utility system serves more than 215,000 customers in Sunrise, Davie, Weston and Southwest Ranches. Due to Hurricane Irma, we lost FPL power to 130 out of 215 lift stations that move sewage from customers to our plants. Like other area utilities, we rotated portable generators between lift stations, but still had sewage overflows in some areas. This funding would enable Sunrise to purchase additional emergency power generation and pumping equipment.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Purchase Emergency power generators and portable lift stations (pumps) to enable continued movement of sewage during power outages.	500,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		

TOTAL		500,000
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13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

N/A

14. Is the project request an information technology project?

N/A

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Entirely as a result of our experience with Hurricane Irma, funding was added to the City's FY 2017-2018 budget at the 2nd budget hearing on 9/27/17 to purchase an initial (partial) number of additional generators and portable lift stations for this purpose. The requested appropriation would enable the purchase of additional, absolutely necessary equipment for emergency operations.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

17. Will the requested funds be used directly for services to citizens?

N/A

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		

<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Number of sewage overflows from lift stations that enter the storm water system. This number should ideally be zero, but certainly should decline due to fewer lift station overflows.	City staff is required to document and report every instance of a lift station overflow, and must include the impacts (such as entering the storm water system).
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Number of sewage overflows from lift stations. This number should ideally be zero, but certainly should decline due to increased power generation and pumping resources.	City staff is required to document and report every instance of a lift station overflow, and must include the impacts (such as entering the storm water system, streets, or private property).
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input checked="" type="checkbox"/> Improve wastewater management	Number of sewage overflows from lift stations. This number should ideally be zero, but certainly should decline due to increased power generation and pumping resources.	City staff is required to document and report every instance of a lift station overflow, and must include the impacts (such as entering the storm water system, streets, or private

		property).
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Number of sewage overflows from lift stations that enter the storm water system. This number should ideally be zero, but certainly should decline due to fewer lift station overflows.	ity staff is required to document and report every instance of a lift station overflow, and must include the impacts (such as entering the storm water system).
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	500,000	0.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	500,000	100.0%	No
5. Other:	0	0.0%	No
TOTAL	1,000,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No

21. What is the revenue source of ongoing operating funds?

Wastewater Enterprise Fund charges

22. Has local approval been given for ongoing operating funds?

No

23. Have you applied for alternative state funding?

- a. Wastewater Revolving Loan
- b. Drinking Water Revolving Loan
- c. Small Community Wastewater Treatment Grant
- d. Other (Please describe)
- e. N/A

24. Has project been addressed in a local, regional, or state plan?

Yes

24a. If Yes, insert plan name and cite page numbers.

City of Sunrise Budget for FY 2017-2018 includes an initial appropriation for this type of equipment, recognizing that additional funding will be required for future years. Once the Adopted Budget is published, this item will be included as Capital Outlay in the Water & Wastewater section.

25. Is the project for a financially disadvantaged community? (as defined in Chapter 62-552, F.A.C.)

No

26. What is the population economic status?

- a. Financially Disadvantaged Municipality
- b. Rural Area of Critical Economic Concern
- c. Rural Community Experiencing Economic Distress
- d. N/A

27. What is the status of planning?

- a. Ready
- b. Not Ready

28. What percentage of the planning process has been completed?

100%

29. What is the estimated planning completion date?
10/16/2017
30. What is the status of design?
a. Ready
b. Not Ready
31. What percentage of design has been completed?
100%
32. What is the estimated design completion date?
10/16/2017
33. List all required permits.
N/A
34. What is the status of permitting?
a. Planned
b. Submitted
c. Received
35. What is the status of construction?
a. Ready
b. Not Ready
36. What percentage of construction has been completed?
0%
37. What is the estimated completion date of construction?
6/30/2019