

Capital Expenditure Project
Town of Howey In The Hills
FY24-29 Capital Project Plan

| Date: 02/05/2024 | | Project Title: Emergency Lift Station Bypass Pumps | | | | | Project Number: | | | |
|--|-------------|--|-------------------------------------|---------------------------------|------|---|---|------|------|----------------|
| Source of Funds | Fund Title: | Fund No. | Prior Years Expenditure Summary \$: | Current Budget FY24 | FY25 | FY26 | FY27 | FY28 | FY29 | Project Totals |
| General Fund | | | | \$85,000 | | | | | | \$ 85,000 |
| Grants | | | | \$ 255,000 | | | | | | \$ 255,000 |
| Description of Project (200 words or less): | | | | | | | | | | |
| <p>This project consist of installing two emergency bypass pumps at two Town-owned lift stations.</p> <p>Costs were determined from a quote from URE (Utility Repair Experts).</p> | | | | | | | | | | |
| Justification and Urgency for the Project (When is it required to be complete and why?): | | | | | | | | | | |
| <p>Installing emergency bypass pumps at the lift station would provide service to the lift stations during all emergency situations.</p> | | | | | | | | | | |
| Is It related to other projects? If yes, list them. | | | | | | | | | | |
| What Department Will Be Responsible For The Project?: Public Works | | | | | | Department Point of Contact: Morgan Cates | | | | |
| Planning & Zoning Board Recommendation: | | | | Town Council Approval and Date: | | | POC Phone Number: 352-805-0205 | | | |
| Town Manager Recommendation: | | | | | | | POC Email: mcates@howey.org | | | |