



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1413

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This neighborhood has a history of flooding during heavy rainfall events due to decaying or non-existent stormwater infrastructure. The city has been in the process of developing a Stormwater Master plan to address this issue however the cost is significant.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	3,000,000
Total State Funds Requested	3,000,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	3,000,000	50%
Matching Funds		
Federal	2,000,000	33%
State (excluding the amount of this request)	0	0%
Local	1,000,000	17%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	6,000,000	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?

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



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CDBG-CV Corona Virus Grant, \$50,000. This grant was used for low to moderate income families for food subsidy and delivery.

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
 N/A

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

No

c. What is the estimated start date of construction?

Fall 2024

d. What is the estimated completion date of construction?

Spring 2025

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 New Smyrna Beach, maintaining agency.

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	Construction	3,000,000
Total State Funds Requested (must equal total from question #6)		3,000,000

14. Program Performance

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

To fully implement the Corbin Park Stormwater Master Plan.

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

Design, Permitting and Construction/Dredging of canals and drainage outfalls.

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



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Improved drainage and reduce flooding during extreme weather like Hurricanes and Heavy Rain fall events.

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

Local residents and businesses located in eastern Volusia County Corbin Park district and New Smyrna Beach.

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

Improved drainage and watershed during extreme weather events.

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?

Liquidated damages will be assigned to the project for failure to perform based on contract time and deliverables.

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**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address



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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?

Not Started

21. What percentage of the construction has been completed?

0%

22. What is the estimated completion date of construction?

03/12/2025