



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3106

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

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	200,000
Total State Funds Requested	200,000

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)	200,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	200,000	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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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?

07/01/2024

d. What is the estimated completion date of construction?

12/31/2025

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.

The City of Fort Meade would be the direct owner to include all improvements.

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	Design, permitting and installation	200,000
Total State Funds Requested (must equal total from question #6)		200,000

14. Program Performance

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

Improve failing well #3 to mitigate catastrophic failure that could cause permanent damage to well resulting in a loss of water pumping capacity to meet the city demand.

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

City staff will oversee project and work with contractors to ensure the methods and materials used will rehabilitate the long life asset ensuring several years of reliable capacity.

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

Improved reliability of infrastructure and prevention of catastrophic failure.



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

The entire City residents and businesses would derive benefit via increased capacity to the system to include future commercial and residential growth. Add redundancy and reliability.

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

Reliable pumping capacity and efficiency. Pump run times, flows and electric consumption can be used to measure direct benefit. The prevention of the catastrophic failure that will result from a shaft failure can also be used as cost comparison to a rehab.

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?

Non-payment of invoices

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) Municipality

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?

21. What percentage of the construction has been completed?

22. What is the estimated completion date of construction?