



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3232

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To add additional years of service to our South Water Tower by abating the lead paint on the exterior and repainting the tower.

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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\$768,810 in ARPA Funding. Used for Water Main project design, Fire Hydrant repair/replace project, Economic Development Incentives.

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?

January 2025

d. What is the estimated completion date of construction?

March 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 Crescent City

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	Removing lead paint from the exterior of the tower and repainting it.	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?

This will add years of service to the tower, remove the lead paint and improve the looks of the tower.

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

Removal of the lead paint and repainting the tower.

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



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None

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

The residents of the city. Approximately 2000 individuals will be served.

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

Additional years of service of the tower, abatement of the lead paint and improved aesthetics of the tower.
 Extended use of the tower and lead testing.

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?

Return of funds to the state.

15. Requester Contact Information

a. First Name Charles **Last Name** Rudd
b. Organization City of Crescent City
c. E-mail Address citymanager@crescentcity-fl.com
d. Phone Number (386)698-2525 **Ext.** 246

16. Recipient Contact Information

a. Organization City of Crescent City
b. Municipality and County Putnam
c. Organization Type
 For Profit Entity
 Non Profit 501(c)(3)
 Non Profit 501(c)(4)
 Local Entity
 University or College
 Other (please specify) City

d. First Name Charles **Last Name** Rudd
e. E-mail Address citymanager@crescentcity-fl.com
f. Phone Number (386)698-2525

17. Lobbyist Contact Information

a. Name None
b. Firm Name



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c. E-mail Address

d. Phone Number