



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1382

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The City of Deltona had completed the design/engineering/permitting the replacement Master Lift Station #7 for the collection system of Deltona Water. The lift station is past/exceeded it's useful and productive life The City proposes a 50/50 cost share for construction, estimated total cost is \$1,500,000.

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	750,000
Total State Funds Requested	750,000

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)	750,000	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	750,000	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)?

Yes

c. What is the estimated start date of construction?

06/01/2024

d. What is the estimated completion date of construction?

01/01/2026

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 existing lift station is past it's useful life as evidenced by recent downtimes, equipment malfunctions and excessive/ongoing repairs. The City has designed, engineered & permitted the replacement. The utility provider along with customers reliant upon the station will directly receive benefits of this replacement.

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	Master Lift Station Construction/Replacement	750,000
Total State Funds Requested (must equal total from question #6)		750,000

14. Program Performance

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

The purpose & goal is replacment of an outdated sanitary sewer master lift station providing relliable service to the customers.

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

Activities & services provided if the funding is afforded the City is the replacement of the outdated lift station.



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

Sanitary sewer customers will be afforded a level of assurance that the equipment & infrastructure is reliable and able to fund in accordance with all regulatory requirements/permits.

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

Targeted population is all customers currently impacted by this master lift station.

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

The expected benefit/outcome is assurance by the utility provider to their customers that the lift station is reliable and provides proper protection to the customers serviced by this lift station.

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?

If the funding is not utilized in compliance with the Scope of Work, Purchase Order or similar, the City may be required to reimburse any of the cost shared funding received.

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



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b. Firm Name

c. E-mail Address

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?