

LFIR # 1370

1. Project Title	Montverde Drinking Water System Expansion				
2. Senate Sponsor	Dennis Baxley				
3. Date of Request	02/02/2021				
4. Project/Program Do	escription				
modifications to the	onsite piping system replaced. The Town	n. Also, the sodion also intends to	ım hypochlorite tank build a new electrica	nigh service pump stat , chemical feed pumps al/operations building, tions.	ion and create s and associated provide new electrical
5. State Agency to re	ceive requested fu	nds Departr	ment of Environment	al Protection	
State Agency conta	acted? Yes				
6. Amount of the Non	recurring Request	for Fiscal Year	2021-2022		
Type of Funding			A	mount	1
Operations				C	<u>)</u>
Fixed Capital Outlay	/			750,000	)
Total State Funds	Requested			750,000	)
7. Total Project Cost f	or Fiscal Year 2021	I-2022 (includin	g matching funds a	available for this pro	ject)
Type of Funding			Amount	Percentage	
Total State Funds Requested (from question #6)			750,0	00 50%	<u>)</u>
Matching Funds					
Federal				0 0%	7
State (excluding the	amount of this requ	est)	750.0	0 0%	7
Local			750,0		┪
Other  Total Project Costs	s for Fiscal Year 20	21-2022	1,500,0	0 0% 00 100%	
			1,300,0	100 /	<u> </u>
8. Has this project pro	eviously received s	state funding?	No		
Fiscal Year	Amo	unt	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation	#	
9. Is future funding lil	kelv to be requeste	d?	No		
_					7
a. If yes, indicate n	_				
b. Describe the sou	urce of funding tha	t can be used in	n lieu of state fundi	ng.	
10. Has the entity req	uesting this projec	t received any	federal assistance	related to the COVID	-19 pandemic?
		ariy i			. o panaonino
No					
If yes, indicate the	amount of funds r	eceived and wh	nat the funds were i	used for.	



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#### 11. Details on how the requested state funds will be expended

Spending Category	Description	Amount				
Administrative Costs:	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	Planning, Design, construction of upgrades to drinking water system.	750,000				
Total State Funds Requested (must equal total from question #6) 750,000						

#### 12. Program Performance

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

The Town of Montverde is required to upgrade the existing drinking water system due to capacity issues with current and future central Florida growth. The town's CUP permit requires additional capacity, upgrade to aging infrastructure and looping the dead end system.

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

Funds will be used as a match toward local cost share to finalize the already 90% complete FDEP planning document and offset cost of design and construction of the upgrades. This funding will help to keep local user rates fair and reasonable.

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

Provide adequate water supply to the Town of Montverde while helping to keep rates fair and reasonable for customer base.

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

The Town's water supply provides potable water to the citizens of Montverde. The Town has a total population of 1,675.

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

Adequate water supply is the expected benefit of the project. This can be verified by the water management district consumptive use permit and FDEP utility permits.

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?

Consumptive User Permit limitations; FDEP operational permit.



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13.	The owners of the facility to receive, directly	or indirectly, any	y fixed capital	outlay funding.	Include the
	relationship between the owners of the facility	ty and the entity.	•		

The Town of Montverde publicly owned drinking water system.



#### The Florida Senate Local Funding Initiative Request

**Fiscal Year 2021-2022** 

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14.	14. Requestor Contact Information					
	a. First Name	Paul	Last Name	Larino		
	b. Organization	Town of Montverde				
	c. E-mail Address	townmanager@mymontverde.com				
	d. Phone Number	(407)469-2681	Ext.			
15.	Recipient Contact	Information				
a. Organization Town of Montverde						
	b. Municipality and	and County Lake				
	c. Organization Type					
	□For Profit Entity	□For Profit Entity				
	□Non Profit 501(c	ofit 501(c)(3)				
	□Non Profit 501(c	1(c)(4)				
	☑Local Entity					
	□University or Co	College				
	□Other (please specify)					
	d. First Name	Paul	Last Name	Larino		
	e. E-mail Address	townmanager@mymontve	erde.com			
	f. Phone Number	(407)469-2681				
16.	6. Lobbyist Contact Information					
	a. Name	Christopher T. Dawson				
	b. Firm Name	GrayRobinson PA				
	c. E-mail Address	Address chris.dawson@gray-robinson.com				
	d. Phone Number (407)843-8880					



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#### Please complete the questions below for Water Projects only.

17. 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
18. 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
19. What is the status of construction?
0%
20. What percentage of the construction has been completed?
0%
21. What is the estimated completion date of construction?
07/30/2022