

LFIR # 1033

| 1. Project Title   | Stuart Alternative   | e Water Supply- Ph                        | nase IV                                       |   |   |
|--|----------------------|---|---|---|---|
| 2. Senate Sponsor  | Gayle Harrell        |   |   |   |   |
| 3. Date of Request   | 10/12/2021           |   |   |   |   |
| 4. Project/Program D                                       | escription           |   |   |   |   |
| The Alternative Wa connect the new Re Reclamation Facility | verse Osmosis Wat    | ncludes constructio<br>er Treatment Plant | n of the reverse osmo<br>to Deep Injection We | sis concentrate pipell 2, which is locate | eline. The pipeline will<br>d at the City's Water |
| 5. State Agency to re                                      | ceive requested fu   | <b>nds</b> Departm                        | ent of Environmental                          | Protection                                |   |
| State Agency conta   | acted? Yes           |   |   |   |   |
| 6. Amount of the Non                                       | recurring Request    | for Fiscal Year 20                        | )22-2023                                      |   |   |
| Type of Funding  |                      |   | Amo   | ount                                      | ]   |
| Operations   |                      |   |   | 0   |   |
| Fixed Capital Outlay                                       | /                    |   |   | 500,000                                   |   |
| <b>Total State Funds</b>                                   | Requested            |   |   | 500,000                                   |   |
| 7. Total Project Cost                                      | or Fiscal Year 202   | 2-2023 (including                         | matching funds ava                            | ilable for this proj                      | ect)  |
| Type of Funding  |                      |   | Amount  | Percentage                                |   |
|  | equested (from que   | estion #6)                                | 500,000                                       | 37%                                       | _   |
| Matching Funds   |                      |   |   |   | 1   |
| Federal  |                      |   | 0   | 0%  |   |
| State (excluding the                                       | amount of this requ  | uest)                                     | 0   | 0%  | 1   |
| Local  |                      |   | 850,000                                       | 63%                                       | 1   |
| Other  |                      |   | 0   | 0%  |   |
| Total Project Costs  | s for Fiscal Year 20 | )22-2023                                  | 1,350,000                                     | 100%                                      |   |
| 8. Has this project pr                                     | eviously received :  | state funding?                            | Yes   |   |   |
| Fiscal Year  | Amount               |   | Specific                                      | Vetoed                                    | ]   |
| (уууу-уу)  | Recurring            | Nonrecurring                              | Appropriation #                               |   |   |
| 2021-22  | 0                    | 500,000                                   | 1607A   | No  |   |
|  |                      | 10  | N   |   |   |
| 9. Is future funding li                                    | kely to be requeste  | ea?                                       | No  |   | 7   |
| a. If yes, indicate n                                      | onrecurring amou     | nt per year.                              |   |   |   |
| b. Describe the so   | urce of funding tha  | at can be used in                         | lieu of state funding.                        | ,   |   |
|  |                      |   |   |   | ]   |
|  |                      |   |   |   |   |
| 10. Has the entity req                                     | uesting this projec  | ct received any fe                        | deral assistance rela                         | ated to the COVID-                        | 19 pandemic?                                      |
| Yes  |                      |   |   |   |   |
|  |                      |   | oder Com In                                   | 1.6                                       |   |
| it yes, indicate the                                       | amount of funds i    | received and wha                          | t the funds were use                          | a tor.                                    |   |



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\$293,260.22 Funds were used for remote access to public meetings, personal protective gear, remote work from home capabilities and COVID cleaning.

#### 11. 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/<br>Other           |   | 0       |
| Consultants/Contracted Services/Study                 |   | 0       |
| Operational Costs: Other                              |   |         |
| Salary and Benefits                                   |   | 0       |
| Expense/Equipment/Travel/Supplies/<br>Other           |   | 0       |
| Consultants/Contracted Services/Study                 |   | 0       |
| Fixed Capital Construction/Majo                       | r Renovation:   |         |
| Construction/Renovation/Land/<br>Planning Engineering | Construction of the reverse osmosis concentrate pipeline. The pipeline will connect the new Reverse Osmosis Facility to Deep Injection Well 2, which is located at the City's Water Reclamation Facility. | 500,000 |
| Total State Funds Requested (m                        | ust equal total from question #6)   | 500,000 |

#### 12. Program Performance

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

The reverse osmosis concentrate pipeline will connect the new Reverse Osmosis Water Treatment Plant to Deep Injection Well 2, which is located at the City's Water Reclamation Facility.

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

The pipeline will convey the reverse osmosis (RO) concentrate, which is a by-product of the RO process. The concentrate is essentially a solution containing the concentrated dissolved solids from the source water, which have been separated from the drinking water produced by the RO process.

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

An alternative water supply for City residents, City businesses, visitors and those in a portion of unincorporated Martin County.

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

17,500

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

An Alternative Water Supply will reduce the dependence on the surficial aquifer, which will help eliminate the potential for per-fluorinated compound levels in the City of Stuart's public potable water system. Regular sampling and monitoring events will be utilized to ensure the outcome of the project.

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?



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Failure to meet deliverables without notification of good reasoning will result in financial penalties as described in contract.

|    | The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the elationship between the owners of the facility and the entity. |  |
|----|---|--|
| re | elationship between the owners of the facility and the entity.  |  |

City of Stuart



**d. Phone Number** (904)206-1604

# The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

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| 14. | 14. Requestor Contact Information |                                |                           |           |         |  |  |
|-----|-----------------------------------|--------------------------------|---------------------------|-----------|---------|--|--|
|     | a. First Name                     | David                          |                           | Last Name | Dyess   |  |  |
|     | b. Organization                   | City of Stuart                 |                           |           |         |  |  |
|     | c. E-mail Address                 | ddyess@d                       | ddyess@ci.stuart.fl.us    |           |         |  |  |
|     | d. Phone Number                   | (772)288-                      | (772)288-5312 <b>Ext.</b> |           |         |  |  |
| 15. | 15. Recipient Contact Information |                                |                           |           |         |  |  |
|     | a. Organization                   | City of Stu                    | uart                      |           |         |  |  |
|     | b. Municipality and               | Municipality and County Martin |                           |           |         |  |  |
|     | c. Organization Ty                | ре                             |                           |           |         |  |  |
|     | □For Profit Entity                |                                |                           |           |         |  |  |
|     | □Non Profit 501(c                 | □Non Profit 501(c)(3)          |                           |           |         |  |  |
|     | □Non Profit 501(c                 | □Non Profit 501(c)(4)          |                           |           |         |  |  |
|     | ☑Local Entity                     | Local Entity                   |                           |           |         |  |  |
|     | □University or Co                 | □University or College         |                           |           |         |  |  |
|     | □Other (please specify)           |                                |                           |           |         |  |  |
|     | d. First Name                     | Timothy                        |                           | Last Name | Voelker |  |  |
|     | e. E-mail Address                 | tvoelker@                      | ci.stuart.fl.us           |           |         |  |  |
|     | f. Phone Number                   | Phone Number (772)288-5332     |                           |           |         |  |  |
| 16. | 16. Lobbyist Contact Information  |                                |                           |           |         |  |  |
|     | a. Name                           | M. Jordan Connors              |                           |           |         |  |  |
|     | b. Firm Name                      | Jordan Connors Group Inc       |                           |           |         |  |  |
|     | c. E-mail Address                 | s jordan@jordanconnors.com     |                           |           |         |  |  |



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

| 17. F | lave 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. V | Vhat 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. V | Vhat is the status of construction?                          |
| [     | Ready  |
| 20. V | What percentage of the construction has been completed?      |
|       | 0%   |
| 21. V | What is the estimated completion date of construction?       |
|       | 06/01/2023   |