

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1837

. Project Title	Starke Economic Impact and R	Recovery Program			
. Senate Sponsor	Jennifer Bradley				
. Date of Request	01/27/2023				
. Project/Program De	escription				
water system further	nking water system to include war out to the new bypass to enable nerate revenue for the City of Sta	economic growth/possibilit	valves, and meters. ies which will in turn	Taking the drinki create more job	
. State Agency to rec	ceive requested funds Dep	partment of Environmental I	Protection		
State Agency conta	cted? No				
Amount of the Nonr	recurring Request for Fiscal Yea	ar 2023-2024			
Type of Funding		Amo	unt		
Operations		Allio	0		
Fixed Capital Outlay			4,150,000		
Total State Funds F			4,150,000		
Total State I ulius I	requesteu		4,130,000		
Total Project Cost for	or Fiscal Year 2023-2024 (includ	ding matching funds avai	lable for this projec	ct)	
Type of Funding		Amount	Percentage		
Total State Funds Re	equested (from question #6)	4,150,000	50%		
Matching Funds					
Federal		0	0%		
State (excluding the	amount of this request)	150,000	2%		
Local		4,000,000	48%	48%	
Other		0	0%		
Total Project Costs	for Fiscal Year 2023-2024	8,300,000	100%		
. Has this project pre	eviously received state funding	? No			
Has this project pre	eviously received state funding	? No Specific	Vetoed		
		Specific	Vetoed		
Fiscal Year	Amount	Specific	Vetoed		
Fiscal Year (yyyy-yy)	Amount Recurring Nonrecurri	Specific Appropriation #	Vetoed		
Fiscal Year (yyyy-yy)	Amount Recurring Nonrecurri	Specific	Vetoed		
Fiscal Year (yyyy-yy)	Amount Recurring Nonrecurri	Specific Appropriation #	Vetoed		
Fiscal Year (yyyy-yy) . Is future funding lik	Amount Recurring Nonrecurri	Specific Appropriation #	Vetoed		
Fiscal Year (yyyy-yy) . Is future funding lik	Amount Recurring Nonrecurri tely to be requested? conrecurring amount per year.	Specific Appropriation #	Vetoed		
Fiscal Year (yyyy-yy) . Is future funding lik	Amount Recurring Nonrecurri tely to be requested? conrecurring amount per year.	Specific Appropriation #	Vetoed		
Fiscal Year (yyyy-yy) . Is future funding lik a. If yes, indicate no	Amount Recurring Nonrecurri tely to be requested? conrecurring amount per year.	Specific Appropriation #		9 pandemic?	
Fiscal Year (yyyy-yy) Is future funding like a. If yes, indicate no	Amount Recurring Nonrecurri kely to be requested? conrecurring amount per year. arce of funding that can be used	Specific Appropriation #		9 pandemic?	



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4,150,000

4,150,000

Complete questions 11 ar	nd 12 for Fixed Capi	al Outlay Projects	
11. Status of Construction a. What is the current phase of th	ne project?		
	Construction		
b. Is the project "shovel ready" (i	i.e permitted)?	No	
c. What is the estimated start dat			
d. What is the estimated complet	ion date of construction?		
13. Details on how the requested sta	·		A
Spending Category	·	Description	Amount
Spending Category Administrative Costs: Executive Director/Project Head	·	Description	Amount 0
Spending Category Administrative Costs:	•	Description	0
Spending Category Administrative Costs: Executive Director/Project Head Salary and Benefits	•	Description	0
Spending Category Administrative Costs: Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/	•	Description	0 0
Spending Category Administrative Costs: Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/Other Consultants/Contracted Services/Study Operational Costs: Other	•	Description	
Spending Category Administrative Costs: Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/Other Consultants/Contracted Services/Study	•	Description	0 0 0
Spending Category Administrative Costs: Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/Other Consultants/Contracted Services/Study Operational Costs: Other	•	Description	0 0

14. Program Performance

Planning Engineering

Construction/Renovation/Land/

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

Total State Funds Requested (must equal total from question #6)

Design and construction of project to include: New job opportunities, environmental solutions and improved tax base/revenue.

Design/Construction of upgrades/expansion of drinking water system

including water main, service laterals, valves, and meters.

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

Design and Construction of upgraded/expanded drinking water system, Increased job opportunities

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



15.

16.

17.

b. Firm Name

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Drinking Water sy	stem updates/expansion to	include wate	er main, servic	e laterals, va	alves, and me	ters.
d. Who is the targ	et population served by t	his project?	How many ir	ndividuals a	re expected	to be served?
Bradford County,	Unincorporated and the Cit	y of Starke, F	lorida			
	ected benefit or outcome	of this proj	ect? What is	the methodo	ology by whi	ch this outcome will
be measured?						
Drinking Water sy more job opportun by a DEO Econom	stem updates/expansion to ities as well as a tax base/r iic Analysis.	include wate evenue for th	er mains, servi ne City of Stark	ce laterals, v ke and Bradf	valves, and mord County. 1	eters. This will create his will be measured
f. What are the su	ggested penalties that the	e contractin	g agency may	, consider ir	n addition to	its standard penaltie
for failing to meet	deliverables or performa	nce measur	es provided f	or the contr	act?	
FDEP Permit Ren	ewal					
Requester Contac	t Information					
a. First Name	Russell	Last Name	Mullins			
b. Organization	City of Starke					
c. E-mail Address	dmullins@cityofstarke.org					
d. Phone Number	(904)368-1330	Ext.				
Recipient Contact	Information					
a. Organization	Bradford County/City of S	tarke				
b. Municipality and	d County Bradford					
c. Organization Ty	ре					
□For Profit Entity						
□Non Profit 501(d	c)(3)					
□Non Profit 501(d	c)(4)					
☑Local Entity	,,,					
□University or Co	llogo					
•	-					
☐Other (please sp	pecify)					
d. First Name	Jimmy	Last Name	Crosby			
e. E-mail Address	Iheeder@cityofstarke.org					
f. Phone Number	. Phone Number (904)368-1300					
Lobbyist Contact Information						
Name Robert F. Stuart Jr.						

GrayRobinson PA



06/15/2025

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C.	. E-mail Address	robert.stuart@gray-robinson.com		
d.	. Phone Number	(850)577-9090		
Plea	ase complete	e the questions below for Water Proj	ects only.	
18. H	ave you applied f	or alternative state funding?		
	☐ Waste Water Re	evolving Loan		
	☑ Drinking Water Revolving Loan			
	☐ Small Community Wastewater Treatment Grant			
	☐ Other (please s	pecify)		
	□ N/A			
19. W	hat is the popula	tion economic status?		
	☐ Financially Disa	dvantaged Community (ch. 62-552, F.A.C)		
	☐ Financially Disa	dvantaged Municipality (ch. 62-552, F.A.C)		
	☑ Rural Area of E	conomic Concern		
	☐ Rural Area of O	pportunity (s. 288.0656, Florida Statutes)		
	□ N/A			
20. W	hat is the status	of construction?		
	Not started			
21. W	/hat percentage o	f the construction has been completed?		
	0			
22. W	hat is the estimat	ted completion date of construction?		