

LFIR # 1280

| 1. Project Title | Oldsmar Water | Reclamation Facili | ty Improvements | | | | |
|--|--|--|---|--|---|--|--|
| 2. Senate Sponsor | Ed Hooper | | | | | | |
| 3. Date of Request | 1/14/2025 | | | | | | |
| 4. Project/Program De | scription | | | | | | |
| inundation at the War addresses this need increasing treatment | ter Reclamation Fa by raising electrica capacity, ensuring ill be better equipp | acility (WRF), high al panels, adding p g continued operati sed to withstand se | m Hurricanes Helene ar lighting the urgent need rocesses to standby po on during and after stor evere weather events, m | I to enhance its res wer, flood-proofing rms. By incorporation | illience. This project lift stations, and ng redundancy in critical | | |
| 5. State Agency to rec | eive requested fu | ınds Departr | ment of Environmental F | Protection | | | |
| State Agency contact | cted? No | | | | | | |
| 6. Amount of the Nonro | ecurring Request | for Fiscal Year 2 | 025-2026 | | | | |
| Type of Funding | | | Amou | unt | | | |
| Operating | | | | 0 | | | |
| Fixed Capital Outlay | Fixed Capital Outlay | | | 2,160,000 | | | |
| Total State Funds Requested | | | 2,160,000 | | | | |
| 7 Total Project Cost fo | or Fiscal Year 202 | 25-2026 (including | g matching funds avai | lable for this proje | ect) | | |
| | | | , matering rando arai | | | | |
| Type of Funding | | (| Amount | Percentage Percentage | | | |
| Type of Funding Total State Funds Re | | | | | , | | |
| Type of Funding | | | Amount | Percentage 38% | , | | |
| Type of Funding Total State Funds Re Matching Funds Federal | equested (from que | estion #6) | Amount 2,160,000 | Percentage 38% 0% | | | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a | equested (from que | estion #6) | Amount 2,160,000 0 | Percentage 38% 0% 0% | | | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a | equested (from que | estion #6) | Amount 2,160,000 0 0 3,600,000 | Percentage 38% 0% 0% 62% | | | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a | equested (from que | estion #6) | Amount 2,160,000 0 | Percentage 38% 0% 0% | | | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a | equested (from que amount of this req | estion #6) | Amount 2,160,000 0 0 3,600,000 | Percentage 38% 0% 0% 62% | | | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a | equested (from que amount of this req for Fiscal Year 2 | uest) 025-2026 state funding? | Amount 2,160,000 0 0 3,600,000 0 | Percentage 38% 0% 0% 62% 0% | | | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the algorithm of the state) Local Other Total Project Costs 8. Has this project pre If yes, provide the notes the state of | equested (from que amount of this req for Fiscal Year 2 viously received nost recent instar | uest) 025-2026 state funding? | Amount 2,160,000 0 3,600,000 0 5,760,000 No Specific | Percentage 38% 0% 0% 62% 0% | | | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the algorithm of the control of th | equested (from que amount of this req for Fiscal Year 2 viously received nost recent instar | uest) 025-2026 state funding? nce: | Amount 2,160,000 0 3,600,000 0 5,760,000 No | Percentage 38% 0% 0% 62% 0% 100% | | | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the algorithm of the state) Local Other Total Project Costs 8. Has this project pre If yes, provide the notal Project Costs 9. Is future-year funding a. If yes, indicate notal state of the state of t | equested (from quested) amount of this requested for Fiscal Year 2 viously received nost recent instant Amount of this requested nost recent instant Amount of this requested to provide the second of | estion #6) uest) 025-2026 state funding? nce: ount Nonrecurring quested? unt per year. | Amount 2,160,000 0 3,600,000 0 5,760,000 No Specific | Percentage 38% 0% 0% 62% 0% 100% | | | |



LFIR # 1280

Complete questions 10 and 11 for Fixed Capital Outlay Projects

| 10. Status of Construction | | | | | |
|--|--------------------------|------------------------|------------------------|------------|--|
| a. What is the current phase | of the project? | | | | |
| Planning | Construction | ○ N/A | | | |
| b. Is the project "shovel read | y" (i.e permitted)? | No | | | |
| c. What is the estimated star | date of construction? | 7/1/2026 | | | |
| d. What is the estimated completion date of construction? 02/01/2028 | | | | | |
| e. What funding stream will b | e used for ongoing opera | ations and maintenance | of the project? | | |
| Water/Sewer Operating rever | nue | | | | |
| | | | | | |
| 11. List the owners of the facili relationship between the owners. | | | tal outlay funding. lı | nclude the | |
| City of Oldsmar | | | | | |

12. 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 | | |
| Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Fixed Capital Construction/Majo | or Renovation: | |
| Construction/Renovation/Land/ Planning Engineering | This project is a proactive investment in Oldsmar's infrastructure, promoting resiliency, environmental stewardship, regulatory compliance, and public health by improving the City's wastewater management services. | 2,160,000 |
| Total State Funds Requested (m | nust equal total from question #6) | 2,160,000 |

13. Program Performance

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



14.

15.

The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

LFIR # 1280

This project will improve components and expand the WRF's capacity of treatment processes, enhancing its resilience

| | and ensuring it can meet future treatment demands. By increasing its capacity, the facility will better withstand weather events (including increased flow), minimize the risk of regulatory violations, and improve operational efficiency for consistent finished water quality and operational flexibility. This expansion will also contribute to a healthier Tampa Bay by reducing nutrient pollution. |
|------|---|
| ı | b. What activities and services will be provided to meet the intended purpose of these funds? |
| | Expansion and improvement of the WRF facility. |
| (| c. What direct services will be provided to citizens by the appropriation project? |
| | The improvements at the WRF will enhance Oldsmar residents' quality of life by securing reliable wastewater treatment services during storm events and growing community needs. |
| (| d. Who is the target population served by this project? How many individuals are expected to be served? |
| | Residents and visitors are served by this project. Thousands expected to be served. |
| | e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured? |
| | Supporting public health by ensuring that water meets regulatory standards before discharge or reuse. These enhancements will improve treatment efficiency and ensure operational redundancy, enabling the WRF to consistently meet finished water quality standards, even during increased loading from storms or other unforeseen events. Methodology is advancing the City's overall capacity for sustainable wastewater management. |
| 1 | f. What are the suggested penalties that the contracting agency may consider in addition to its standard penaltie |
| 1 | for failing to meet deliverables or performance measures provided for in the contract? |
| | Return of Funds |
| l. I | s this project related to mitigation, response, or recovery from a natural disaster? Yes |
| a. | If Yes, what phase best describes the project? |
| ⊻ | Mitigation (reducing or eliminating potential loss of life or property) |
| | Response (addressing the immediate and short-term effects of a natural disaster) |
| | Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure) |
| b. | Name of the natural disaster (or Executive Order # for events not under a federal declaration): |
| | Helene and Milton |
| 5. H | las the entity applied for or received federal assistance for this project? |
| | ☐ Yes, Applied |
| | ☐ Yes, Received |
| 6 | ☑ No |
| | □ No, but intends to apply |
| a. | If yes, provide the FEMA project worksheet ID#: |
| | |
| _ | |

b. Provide the total project cost listed on the FEMA project worksheet:



LFIR # 1280

| 16. Has the entity applied for or received state assistance for | this project (other than this request)? |
|---|--|
| ☐ Yes, Applied | |
| ☐ Yes, Received | |
| ☑ No | |
| ☐ No, but intends to apply | |
| a. If yes, specify the program and state agency (ex. Local Commerce): | Sovernment Emergency Bridge Loan, Department o |
| Please complete questions 17 through 21 fo | |
| 17. Have you been awarded or applied for alternative state fur | nding for this project? |
| ☐ Water Quality Improvement Grant Program | |
| ☐ Resilient Florida Grant Program | |
| ☐ Wastewater Revolving Loan | |
| ☐ Drinking Water Revolving Loan | |
| ☐ Small Community Wastewater Treatment Grant | |
| ☐ Other (please specify, ex. Alternative Water Supply Grants | s) |
| ☑ 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? | |
| Not Ready | |
| 20. What percentage of the construction has been completed | ? |
| 0% | |
| 21. What is the estimated completion date of construction? | 02/1/2028 |



LFIR # 1280

| 22. | Requester Contact | Informat | ion | | | | |
|-----|-------------------------------------|----------------------------|---------------------------|-----------|----------|--|--|
| | a. First Name | Felicia Last Name Donnelly | | | Donnelly | | |
| | b. Organization | City of Ol | | | | | |
| | c. E-mail Address | fdonnelly | fdonnelly@oldsmarfl.gov | | | | |
| | d. Phone Number | (813)749 | (813)749-1102 Ext. | | | | |
| | | | | | | | |
| 23. | Recipient Contact | Information | on | | | | |
| | a. Organization | City of Ol | dsmar | | | | |
| | b. Municipality and County Pinellas | | | | | | |
| | c. Organization Ty | ре | | | | | |
| | □For Profit Entity | | | | | | |
| | □Non Profit 501(c | s)(3) | | | | | |
| | □Non Profit 501(c | 5)(4) | | | | | |
| | ☑Local Entity | | | | | | |
| | □University or Co | ollege | | | | | |
| | □Other (please specify) | | | | | | |
| | d. First Name | Daniel | | Last Name | Simpson | | |
| | e. E-mail Address | dsimpsor | @oldsmarfl.gov | | | | |
| | f. Phone Number | (813)749 | -1100 | Ext. | | | |
| 24. | 24. Lobbyist Contact Information | | | | | | |
| | a. Name | John Da | vid White | | | | |
| | b. Firm Name | | | | | | |
| | c. E-mail Address | | | | | | |
| | d. Phone Number | | | | | | |

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.