



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1317

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**4. Project/Program Description**

The Town of Bay Harbor Islands seeks funding to convert an outdated wastewater system that collects sewage from several communities and businesses. The town is on a major evacuation state road and is surrounded by bay waters shared by multiple County municipalities. The state deemed the Bay as an impaired body of water due to the level of pollutants. Sewage overflows entering the bay are hazardous as the contamination impacts drinking water.

5. **State Agency to receive requested funds**
- State Agency contacted?**

**6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	500,000
<b>Total State Funds Requested</b>	<b>500,000</b>

**7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	500,000	50%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,000,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**
- If yes, provide the most recent instance:**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future-year 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.**
- 

**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



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**10. 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)?**

**c. What is the estimated start date of construction?**

**d. What is the estimated completion date of construction?**

**e. What funding stream will be used for ongoing operations and maintenance of the project?**

The Town of Bay Harbor Island's general fund balance derived from charges for services, judgements, and fines that are allocated in the budget will be an ongoing funding stream for the project.

**11. 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 owners of the sewer station will be the Town of Bay Harbor Islands.

**12. Details on how the requested state funds will be expended**

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Construction will consist of converting an outdated pneumatic wastewater system that poses a significant risk to the State, into a duplex pump station that will efficiently transport waste transmission and reduce pollutants into the Bay and drinking water.	500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>

**13. Program Performance**

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

The Town of Bay Harbor Islands seeks funding to convert an outdated sewage pump station into duplex submersible pumps. The town is on a major evacuation state road and is surrounded by bay waters. Sewage overflows entering the bay are hazardous as the contamination impacts drinking water. Due to the hazards presented, the state deemed the Bay as an impaired body of water. The new sewage pump system will reduce sewage overflows that contaminate state waters.



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

The construction of a new duplex pump station will efficiently address pollutants including sewage overflows into the Bay during storm flooding, high tides, and rain events, and the contamination as a result that affects drinking water.

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

This project will improve Wastewater service to residents and businesses by reducing contaminants into the bay and improve the quality of drinking water.

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

The project will serve residents from the Town of Bay Harbor Islands and multiple Miami Dade County municipalities that share access to the surrounding bay waters. According to the US Census Bureau estimates, the Town's population and neighboring municipalities total approximately 35,000 residents.

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

The state deemed Biscayne Bay as impaired due to the level of pollutants in the water. The construction of a new duplex pump station will efficiently address pollutants including sewage overflows into the Bay during storm flooding and rain events, as well as the contaminants that affects safe drinking water. The measurable outcome of the project would include a reduction in sewage overflows into the bay waters.

**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 in the contract?**

Return of funds.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**  No

**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 infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

**15. Has the entity applied for or received federal assistance for this project?**

- Yes, Applied
- Yes, Received
- 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:**



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**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 Government Emergency Bridge Loan, Department of Commerce):**

FDEP funds were received for phase 1 of the project to include planning.

**Please complete questions 17 through 21 for Water Projects only.**

**17. Have you been awarded or applied for alternative state funding 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)
- 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?**

The project design phase was funded and nearly complete.

**20. What percentage of the construction has been completed?**

0

**21. What is the estimated completion date of construction?** 12/31/2025



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#### 22. Requester Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 23. 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  Ext.

#### 24. Lobbyist Contact Information

a. Name

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.*