



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1318

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

**4. Project/Program Description**

The requested funds will rehabilitate 4 miles of cracked and broken clay pipes, part of the remaining 50 miles in the city's wastewater system, which currently leak raw sewage into the groundwater. This project will improve community health and environmental quality by reducing sewage leaks, preventing raw sewage from surfacing through manholes and lift stations, and enhancing surface water quality, all contributing to a cleaner, safer environment for residents.

- 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               | 800,000        |
| <b>Total State Funds Requested</b> | <b>800,000</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)       | 800,000          | 50%         |
| <b>Matching Funds</b>                                |                  |             |
| Federal  | 0                | 0%          |
| State (excluding the amount of this request)         | 0                | 0%          |
| Local  | 800,000          | 50%         |
| Other  | 0                | 0%          |
| <b>Total Project Costs for Fiscal Year 2025-2026</b> | <b>1,600,000</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?**

**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.**

**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 - rehabilitation / lining of dilapidated pipes by contractor | 800,000        |
| <b>Total State Funds Requested (must equal total from question #6)</b> |   | <b>800,000</b> |

**13. Program Performance**

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

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

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



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The appropriation project will provide citizens with improved wastewater infrastructure, reducing sewage leaks, preventing raw sewage exposure, ensuring cleaner groundwater, and enhancing surface water quality, ultimately creating a safer and healthier community.

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

More than 175,000 residents are served by NMB Water. The Utility has approximately 34,000 account:  
 Residential property: 29,949  
 Public buildings: 306  
 Businesses/commercial property: 2,353  
 Schools/hospitals/houses of worship: 178  
 Other: 1,259 (Sprinklers and Firelines)

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

The expected outcome of this project is a significant reduction in raw sewage leaks, improving public health and environmental quality. This will be achieved by rehabilitating 4 miles of cracked clay pipes, preventing surface sewage occurrences, and enhancing water quality. The outcome will be measured by monitoring leak reduction, water quality improvements through testing, tracking health data, and evaluating system performance through reduced maintenance needs and operational efficiency.

**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?**

In addition to standard penalties, the contracting agency may impose monetary fines, forfeiture of performance bonds, work stoppage until corrective actions are taken, liquidated damages for delays, or contract termination for consistent failure to meet deliverables.

**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):**

**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?**

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

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



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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) Local Municipality

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.*