



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1326

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

This lift station is a critical, regional lift station that requires upgrades to the electrical control components due to corrosion from exposure to excess gases. The upgrades will include features such as odor control & a permanent back up pump. The location of the components & the lack of effective odor control at the station have caused the critical components to corrode & become inoperable. Wastewater is collected from 16 smaller stations, pushed through this regional lift station on the growing westside of the City to the eastside treatment plant. There are 4,600 connections affected by this station.

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	1,575,000
<b>Total State Funds Requested</b>	<b>1,575,000</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)	1,575,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	1,575,000	50%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>3,150,000</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.**



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

### 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)?

No

c. What is the estimated start date of construction?

11/1/2025

d. What is the estimated completion date of construction?

02/01/2027

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

Utility funds collected from the City of Port Orange rate payers.

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 City of Port Orange owns the sanitary sewer system.

### 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	This includes the replacement & relocation of the electrical building & components, the addition of an odor control system, wet well mixers, & permanent back up pumping capabilities during power outages. Installation will be at the minimum of one foot above the 100-Year flood stage elevations.	1,575,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,575,000</b>

### 13. Program Performance

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



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The city has approx. 120 lift stations playing a key role in the collection and transmission of over 7 million gallons per day of sanitary sewer for treatment. During the recent hurricanes, close to 70 city lift stations were either without power or flooded. The city is upgrading its lift stations to elevate them out of the flood plain and improve resiliency to power outages. This project upgrades a critical station which serves over 6,000 residences and businesses within the city.

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

Construction activities necessary to construct the proposed improvements. Engineering & Inspection services to insure the work is constructed per the approved design documents.

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

By completing the lift station project, the City is able to provide continuous and reliable collection and transmission of wastewater.

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

The target population is approximately 6,000 residences and businesses.

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

The City expects to be able to continue to provide continuous and reliable collection and transmission of wastewater with the completion of this 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 in the contract?**

Potential penalties for failing to meet deliverables or performance measures may include withholding of funds until deliverables and performance measures are met.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**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):**

Hurricane

**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)

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.*