

**LFIR # 1326** 

2. Senate Sponsor  3. Date of Request  2/6/2025  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 prump. 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? No  6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026  Type of Funding  Operating  Total State Funds Requested  1,575,000  Total State Funds Requested (from question #6)  1,575,000  50%  Matching Funds  Federal  O 0%  State (excluding the amount of this request)  O 0%  Total Project Costs for Fiscal Year 2025-2026  3,150,000  100%  8. Has this project previously received state funding?  If yes, provide the most recent instance:  Fiscal Year  Amount  Specific  Appropriation #  Appropriation #  Specific  Appropriation		Resiliency Project		stewater Lift Station Im	provement	
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State (excluding the amount of this request)  Local  Other  Other						
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	8. Has this project p If yes, provide the	e most recent instanc	e: int	Specific	Vetoed	
b. Describe the source of funding that can be used in lieu of state funding.	8. Has this project p If yes, provide the Fiscal Year (уууу-уу) 9. Is future-year fun	Amou Recurring ding likely to be required	nnt Nonrecurring ested?	Specific Appropriation #	Vetoed	
	8. Has this project p If yes, provide the Fiscal Year (уууу-уу) 9. Is future-year fun	Amou Recurring ding likely to be required	nnt Nonrecurring ested?	Specific Appropriation #	Vetoed	
	8. Has this project p If yes, provide the Fiscal Year (yyyy-yy)  9. Is future-year funda. If yes, indicate	Amou Recurring  ding likely to be required amount	nnt Nonrecurring ested? t per year.	Specific Appropriation #	Vetoed	



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

a. What is the current p					
O Planning O D	esign Construction N/A	Ą			
b. Is the project "shove	I ready" (i.e permitted)?	No			
c. What is the estimated	d start date of construction?	11/1/2025			
d. What is the estimated	d 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	om the City of Port Orange rate payers	i.			
1 List the owners of the	facility to receive directly or indirec	othy any fivod canit	al outlay funding Include the		
	facility to receive, directly or indirect the owners of the facility and the ent		ar outray runding. Include the		
The City of Port Orange	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			
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/Major Renovation:					
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			
Total State Funds Requested (m	ust equal total from question #6)	1,575,000			

### 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.

	deliverables and performance measures are met.					
4.	ls t	his project related to mitigation, response, or recovery from a natural disaster? Yes				
á	a. If	Yes, what phase best describes the project?				
	$\square$	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)				
k	o. N	ame of the natural disaster (or Executive Order # for events not under a federal declaration):				
	Hu	ırricane				
5.	Has	s the entity applied for or received federal assistance for this project?				
		Yes, Applied				
	☐ Yes, Received					
	☑ No					
	□ No, but intends to apply					
á	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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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, D Commerce):	epartment o
ease complete questions 17 through 21 for Water Projects only.	
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	
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	
What is the status of construction?	
Ready	
What percentage of the construction has been completed?	
0%	
What is the estimated completion date of construction? 02/01/2027	



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22.	<b>Requester Contact</b>	Informati	ion					
	a. First Name	Wayne		Last Name	Clark			
	b. Organization	City of Po	City of Port Orange					
	c. E-mail Address	wclark@p	oort-orange.org					
	d. Phone Number	(386)506	-5504	Ext.				
23.	Recipient Contact	Information	on					
	a. Organization	City of Po	ort Orange					
	b. Municipality and	d County	Volusia					
	c. Organization Ty	ре						
	□For Profit Entity							
	□Non Profit 501(c	:)(3)						
	□Non Profit 501(c	c)(4)						
	☑Local Entity							
	□University or Co	llege						
	□Other (please sp	pecify)						
	d. First Name	Wayne		Last Name	Clark			
	e. E-mail Address	wclark@port-orange.org						
	f. Phone Number	(386)506	-5504	Ext.				
24. Lobbyist Contact Information								
	a. Name	Sean A. Pittman						
	b. Firm Name	Pittman Law Group PL						
	c. E-mail Address	sean@pittman-law.com						
	d. Phone Number	(850)216-1002						

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