

**LFIR # 1328** 

1. Project	Title	Cocoa Beach G	ravity Sewer F	Rehabi	litation		
2. Senate S	Sponsor	Tom Wright					
3. Date of I	Request	2/13/2025					
4. Project/l	Program De	escription					
risks and impact the	d alleviate the he Indian Riv	e potential for sani	tary sewer ove his will also h	erflows elp av	s (SSO's) at manholes oid capacity issues at	s and pump statior	nfiltration and ex-filtration ns that can directly ility resulting in efficient
5. State Ag	gency to rec	eive requested fu	ı <b>nds</b> Dej	partme	ent of Environmental	Protection	
State Ag	gency conta	cted? No					
_			for Final Va	202	DE 2020		
6. Amount	of the Nonr	ecurring Request	TOT FISCAL YE	ar 202	25-2026 		
	Funding				Amo		4
Operatin	U					1,000,000	7
	apital Outlay						
Total Sta	ate Funds R	Requested				1,000,000	
7. Total Pro	oject Cost fo	or Fiscal Year 202	5-2026 (inclu	ding n	natching funds avai	lable for this pro	ject)
			`				7
Type of	Funding				Amount	Percentage	]
Type of Total Sta	ate Funds Re	equested (from que	estion #6)			•	
Type of Total Sta Matchin		equested (from que	estion #6)		Amount 1,000,000	Percentage 100%	
Type of Total Sta Matchin Federal	ate Funds Re		·		Amount 1,000,000	Percentage 100%	
Type of Total Sta Matchin Federal State (ex	ate Funds Re	equested (from que amount of this requ	·		Amount 1,000,000	Percentage 100% 0% 0%	
Type of Total Sta Matchin Federal State (ex Local	ate Funds Re		·		Amount 1,000,000 0 0 0	Percentage 100% 0% 0% 0%	
Type of Total Sta Matchin Federal State (ex Local Other	ate Funds Reng Funds	amount of this requ	uest)		Amount 1,000,000 0 0 0 0	Percentage 100% 0% 0% 0% 0%	
Type of Total Sta Matchin Federal State (ex Local Other Total Pr	ate Funds Reng Funds  xcluding the  roject Costs s project pre		uest) 025-2026 state funding		Amount 1,000,000 0 0 0	Percentage 100% 0% 0% 0%	
Type of Total Sta Matchin Federal State (ex Local Other Total Pro  8. Has this If yes, p	ate Funds Reng Funds  xcluding the  roject Costs s project preprovide the rengal Year	amount of this requestions for Fiscal Year 20 eviously received most recent instar	uest)  025-2026  state funding nce:	1?	Amount 1,000,000  0 0 0 1,000,000  Yes	Percentage 100% 0% 0% 0% 0%	
Type of Total Sta Matchin Federal State (ex Local Other Total Pro  8. Has this If yes, p	ate Funds Reng Funds  xcluding the  roject Costs s project preprovide the rendered	amount of this requested for Fiscal Year 20 eviously received most recent instar	uest)  025-2026  state funding nce:  ount  Nonrecurr	j?	Amount 1,000,000  0 0 0 1,000,000  Yes  Specific Appropriation #	Percentage  100%  0%  0%  0%  100%  Vetoed	
Type of Total Sta Matchin Federal State (ex Local Other Total Pro  8. Has this If yes, p	ate Funds Reng Funds  xcluding the  roject Costs s project preprovide the rengy-yy)	amount of this requestions for Fiscal Year 20 eviously received most recent instar	uest)  025-2026  state funding nce:  ount  Nonrecurr	1?	Amount 1,000,000  0 0 0 1,000,000  Yes	Percentage  100%  0%  0%  0%  100%  100%	
Type of Total Sta Matchin Federal State (ex Local Other Total Pro  8. Has this If yes, p  Fisca (yy) 2023-24	ate Funds Reng Funds  xcluding the  roject Costs s project preprovide the rengal Year yy-yy)	amount of this requested for Fiscal Year 20 eviously received most recent instar	uest)  025-2026  state funding nce:  ount  Nonrecurr	j?	Amount 1,000,000  0 0 0 1,000,000  Yes  Specific Appropriation #	Percentage  100%  0%  0%  0%  100%  Vetoed	
Type of Total Sta Matchin Federal State (ex Local Other Total Pro  8. Has this If yes, p  Fisca (yy) 2023-24  9. Is future	ate Funds Reng Funds  xcluding the  roject Costs s project preprovide the renyy-yy)  -year funding	amount of this requestions of the received most recent instar  Recurring  1,000,000	uest)  025-2026  state funding nce:  ount  Nonrecurr	j?	Amount 1,000,000  0 0 0 1,000,000  Yes  Specific Appropriation #	Percentage  100%  0%  0%  0%  100%  Vetoed	
Type of Total Sta Matchin Federal State (ex Local Other Total Pr  8. Has this If yes, p  Fisca (yy) 2023-24  9. Is future a. If yes,	ate Funds Reng Funds  xcluding the  roject Costs s project preprovide the rengy-yy)	amount of this requested for Fiscal Year 20 eviously received most recent instar Amore Recurring 1,000,000 and likely to be requested for the confecurring amounts and the confecurring amounts and the confecurring amounts are confecurring amounts and the confecurring amounts are confecurring amounts and the confecurring amounts are confecurring amount of this requestion and the confecurity are confecurring amounts are confecurring amount of the confecurity and the confecurity are confecurated as a confecurity and the confecurity are confecurity and the confecurity are confecurity and the confecurity are confecurity are confecurity and the confecurity are confecurity are confecurity and the confecurity are confecurity and the confecurity are confecurity and the confecurity are confecurity are confecurity and the confecurity are confecurity are confecurity and the confecurity are con	uest)  025-2026  state funding nce:  Nonrecurr  uested?  int per year.	ing 0	Amount 1,000,000  0 0 0 1,000,000  Yes  Specific Appropriation # 1705A	Percentage  100%  0%  0%  0%  100%  Vetoed	



**LFIR # 1328** 

<ol> <li>Status of Construction         <ul> <li>a. What is the current phase</li> </ul> </li> </ol>	of the project?		
Planning	Construction N/	А	
b. Is the project "shovel read	y" (i.e permitted)?	Yes	
c. What is the estimated star	t date of construction?	06/01/2025	
d. What is the estimated con	pletion date of construction?	05/30/2026	
e. What funding stream will b	e used for ongoing operations	s and maintenance	of the project?
City Budgeted Commission A	pproval Funds		
<ol> <li>List the owners of the facili relationship between the ov</li> </ol>	ty to receive, directly or indire vners of the facility and the en		tal outlay funding. Include the
City of Cocoa Beach			

### 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	Grant Administrator Consultant	100,000				
Operational Costs						
Salary and Benefits		0				
Expense/Equipment/Travel/Supplies/ Other		0				
Consultants/Contracted Services/Study	Contracted Services to perform Cured in Place Liner, Cleaning & Inspection, Lateral Cutout and Grouting, Root Removal, Bypass Pumping, etc	900,000				
Fixed Capital Construction/Majo	r Renovation:					
Construction/Renovation/Land/ Planning Engineering		0				
Total State Funds Requested (must equal total from question #6) 1,000,000						

### 13. Program Performance

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

The infrastructure improvements to the gravity sewer collection system will address the elevated infiltration and exfiltration risks and alleviate the potential for sanitary sewer overflows (SSO's) at manholes and pump stations that can directly impact the Indian River Lagoon (IRL). This will also help avoid capacity issues at the treatment facility resulting in efficient treatment and reduced surface water discharges to the IRL.

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

he project will will	have an	onvironmenta	Lnurnoco
ne broiect will will	nave an	environmenia	i burbose.



**LFIR # 1328** 

L	Direct Services provided to the citizens will be an improved sewer infrastructure.
d	Who is the target population served by this project? How many individuals are expected to be served?
-	The entire population of the City of Cocoa Beach.
	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will e measured?
re k n c	Project will address the elevated infiltration and ex-filtration risks and alleviate sanitary sewer overflows resulting in educed capacity on the sewer conveyance system and treatment plant leading to less discharges to surface waters and eeping vital nutrients out of the water. Project will reduce the impact on equipment, resources and restoration eeds. Wastewater management is an important approach to protect water resources and this project will improve the ollection, treatment, and reuse of wastewater by reducing capacity, impact on equipment, resources and restoration eeds.
f.	What are the suggested penalties that the contracting agency may consider in addition to its standard penalties
fc	or failing to meet deliverables or performance measures provided for in the contract?
T	The city will require performance bonding equal to the cost of construction. The city has a rigorous vetting procedure to select the most responsible contractors to perform the work. The city also has a legal team to aggressively litigate any discrepancies in performance and deliverables.
1. Is	this project related to mitigation, response, or recovery from a natural disaster? No
a. I	f Yes, what phase best describes the project?
	Mitigation (reducing or eliminating potential loss of life or property)
	magation (readong or entiticating potential 1000 or fire or property)
	Response (addressing the immediate and short-term effects of a natural disaster)
_ _	Response (addressing the immediate and short-term effects of a natural disaster)
	Response (addressing the immediate and short-term effects of a natural disaster)  Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)
b.	Response (addressing the immediate and short-term effects of a natural disaster)  Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)
b.   	Response (addressing the immediate and short-term effects of a natural disaster)  Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)  Name of the natural disaster (or Executive Order # for events not under a federal declaration):
b. l	Response (addressing the immediate and short-term effects of a natural disaster)  Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)  Name of the natural disaster (or Executive Order # for events not under a federal declaration):  as the entity applied for or received federal assistance for this project?
b. l	Response (addressing the immediate and short-term effects of a natural disaster)  Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)  Name of the natural disaster (or Executive Order # for events not under a federal declaration):  as the entity applied for or received federal assistance for this project?  Yes, Applied
b. l	Response (addressing the immediate and short-term effects of a natural disaster)  Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)  Name of the natural disaster (or Executive Order # for events not under a federal declaration):  as the entity applied for or received federal assistance for this project?  Yes, Applied  Yes, Received
b.   5. H:	Response (addressing the immediate and short-term effects of a natural disaster)  Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)  Name of the natural disaster (or Executive Order # for events not under a federal declaration):  as the entity applied for or received federal assistance for this project?  Yes, Applied  Yes, Received  No  No, but intends to apply
b.   5. H:	Response (addressing the immediate and short-term effects of a natural disaster)  Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)  Name of the natural disaster (or Executive Order # for events not under a federal declaration):  as the entity applied for or received federal assistance for this project?  Yes, Applied  Yes, Received  No
b.     5. Ha	Response (addressing the immediate and short-term effects of a natural disaster)  Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)  Name of the natural disaster (or Executive Order # for events not under a federal declaration):  as the entity applied for or received federal assistance for this project?  Yes, Applied  Yes, Received  No  No, but intends to apply



**LFIR # 1328** 

	☐ Yes, Received					
	□ No					
	□ No, but intends	to apply				
•			tate agency (ex	l oc:	al Government Emergency Bridge	Loan Denartment of
	Commerce):	e program and s	itate agency (ex.		ar Government Emergency Bridge	
Ρle	ease complet	e questions	17 through	21	for Water Projects only.	
17.	Have you been aw	arded or applied	l for alternative s	tate	funding for this project?	
	□ Water Quality	Improvement Grai	nt Program			
	☐ Resilient Florid	la Grant Program				
	☐ Wastewater Re	evolving Loan				
	☐ Drinking Water	Revolving Loan				
	☐ Small Commu	nity Wastewater T	reatment Grant			
	☐ Other (please :	specify, ex. Alterna	ative Water Suppl	y Gra	ants)	
	☑ N/A					
18.	What is the popul	ation economic s	status?			
	☐ Financially Dis	advantaged Comr	munity (ch. 62-552	2, F.A	A.C)	
	☐ Financially Dis	advantaged Munic	cipality (ch. 62-552	2, F. <i>I</i>	A.C)	
	☐ Rural Area of E	Economic Concerr	1			
	☐ Rural Area of 0	Opportunity (s. 288	3.0656, Florida Sta	atute	s)	
	☑ N/A					
19.	What is the status	of construction	?			
	Shovel Ready					
20.	What percentage	of the constructi	on has been com	plet	ed?	
	0				0.5 (0.0 (0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	
21.	What is the estim	ated completion	date of construc	tion	<b>?</b> 05/30/2026	
	Requester Contac	t Information				
	a. First Name	Wayne	Last Na	ame	Carragino	



**LFIR # 1328** 

	b. Organization	City of Cocoa Beach							
	c. E-mail Address	wcarragino@cityofcocoabeach.com							
	d. Phone Number	(321)868-3201 <b>Ext.</b> 201							
23.	Recipient Contact	Informatio	on						
	a. Organization	City of Cocoa Beach							
	b. Municipality and	d County Brevard							
	c. Organization Ty	ре							
	□For Profit Entity								
	□Non Profit 501(c	:)(3)							
	□Non Profit 501(c	n Profit 501(c)(4)							
	☑Local Entity								
	□University or Co	llege							
	□Other (please sp	(please specify)							
	d. First Name	Brad		Last Name	Kalsow				
	e. E-mail Address	bkalsow@	©cityofcocoabea	ch.com					
	f. Phone Number	(321)868	-3308	Ext.					
24.	24. Lobbyist Contact Information								
	a. Name	Joseph (	Jason ) Steele			]			
	b. Firm Name	Smith &	Associates						
	c. E-mail Address	jasonsteele@me.com							
	d Phone Number	(321)676	-5555						

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