

The Florida Senate Local Funding Initiative Request

LFIR # 1530

| Fiscal Y | ear 2 | 2025- | 2026 |
|-----------------|-------|-------|------|
|-----------------|-------|-------|------|

1. Project Title Port St Lucie Westport Wastewater Treatment Facility Nutrient Reduction Improvements

2. Senate Sponsor Gayle Harrell

3. Date of Request 2/10/2025

4. Project/Program Description

To build advanced wastewater treatment (AWT) facilities to achieve an effluent quality of 3 mg/l total nitrogen and 1 mg/l phosphorus. The reduction of nutrients in reuse water used for irrigation in the local area will help reduce formation of harmful algal blooms in the St. Lucie River estuary basin, a tributary to the Indian River Lagoon.

5. State Agency to receive requested funds

Department of Environmental Protection

| State | Agency | contacted? | Yes |
|-------|--------|------------|-----|
|-------|--------|------------|-----|

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

| Type of Funding | Amount |
|-----------------------------|-----------|
| Operating | 0 |
| Fixed Capital Outlay | 5,000,000 |
| Total State Funds Requested | 5,000,000 |

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) | 5,000,000 | 7% |
| Matching Funds | | |
| Federal | 23,267,239 | 31% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 47,000,000 | 62% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2025-2026 | 75,267,239 | 100% |

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

| Fiscal Year | Amount | | Specific | Vetoed |
|-------------|-----------|--------------|-----------------|--------|
| (уууу-уу) | Recurring | Nonrecurring | Appropriation # | |
| | | | | |
| | | | | |

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

No

No

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|------------------------|-----------------------|---|-------------------|--------------|-------------|
| 10. Status of Construc | | | | | |
| a. What is the curre | nt phase of the proj | ject? | | | |
| 🔵 Planning 💦 (| 🔵 Design 🛛 💿 | Construction 🔘 N/A | | | |
| b. Is the project "sh | ovel ready" (i.e per | mitted)? | Yes | | |
| c. What is the estim | ated start date of co | onstruction? | 12/11/2023 | | |
| d. What is the estim | ated completion da | te of construction? | 12/15/2026 | | |
| e. What funding stre | eam will be used for | r ongoing operations a | nd maintenance of | the project? | |
| City of Port St. Luci | e Utility Systems Dep | partment's Repair and O | perations Budget. | | |

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 St. Lucie is the owner and will be responsible for overseeing the facility.

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/Majo | r Renovation: | | | | |
| Construction/Renovation/Land/ Planning Engineering | Construction of treatment facilities for Advanced Wastewater Treatment (AWT) effluent quality. | 5,000,000 | | | |
| Total State Funds Requested (m | Total State Funds Requested (must equal total from question #6) 5,000,000 | | | | |

13. Program Performance

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

The reduction of nutrients in reuse water used for irrigation in the local area will help reduce formation of harmful algal blooms in the St. Lucie River estuary basin, a tributary to the Indian River Lagoon. It is required to provide advanced wastewater treatment (AWT) facilities to achieve an effluent quality of 3 mg/l total nitrogen and 1 mg/l phosphorus.

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

In order to meet the intended goals, we are upgrading the existing aeration basin, adding denitrification system, and three reject water tanks.

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



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The direct services involve collecting wastewater and treating it to produce high-quality effluent that meets new standards, improving water quality in the St. Lucie River Basin.

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

The City of Port St. Lucie residents and a portion of St. Lucie County residents are the target population. Expected individuals to be served are an estimated 101,250.

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 is to provide advanced wastewater treatment (AWT) facilities to achieve an effluent quality of 3 mg/l total nitrogen and 1 mg/l phosphorus. Utility Systems Department is required to take daily measurements and report to DEP on both the nitrogen and phosphorus limits to ensure outcome is met.

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 the funding.

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 infastructure)

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:

16. Has the entity applied for or received state assistance for this project (other than this request)?

□ Yes, Applied

Yes, Received

🗆 No



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□ 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)
- D 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?

Ready

20. What percentage of the construction has been completed?

30%

21. What is the estimated completion date of construction?

12/15/2026

22. Requester Contact Information

| a. First Name | Jesus | Last Name | Merejo |
|-------------------|-----------------------|-----------|--------|
| b. Organization | City of Port St Lucie | | |
| c. E-mail Address | JMerejo@cityofpsl.com | | |
| d. Phone Number | (772)871-5163 | Ext. | |



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| 23. Recipient Contact | Informatio | on | | | |
|-----------------------|------------|--|-----------|-------|--|
| a. Organization | | City of Port St Lucie, Utility Systems Department | | | |
| b. Municipality an | d County | Saint Lucie | | | |
| c. Organization Ty | ре | | | | |
| □For Profit Entity | | | | | |
| □Non Profit 501(| c)(3) | | | | |
| □Non Profit 501(| c)(4) | | | | |
| ☑Local Entity | | | | | |
| □University or Co | ollege | | | | |
| □Other (please s | pecify) | | | | |
| d. First Name | John | | Last Name | Eason | |
| e. E-mail Address | JEason@ | cityofpsl.com | | | |
| f. Phone Number | (772)873 | -6400 | Ext. | | |
| 24. Lobbyist Contact | Informatio | n | | | |
| a. Name | Roy Dea | n Cannon Jr. | | | |
| b. Firm Name | GrayRob | inson PA | | | |
| c. E-mail Address | lisa.howe | ell@gray-robinsor | n.com | | |
| d. Phone Number | (850)577 | -9090 | | | |

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