

**LFIR # 1654** 

1. Project Title	Boynton Beach	Sanitary Sewer	Collection System Impro	vement Project	
2. Senate Sponsor	Lori Berman				
3. Date of Request	2/24/2025				
4. Project/Program D	escription				
Lining. CIPP lining i expand and cure the	s a trenchless meth e lining. Lining of se	od of placing a wer pipes is an	nce existing sanitary sewe flexible lining into an exis economical way to exter residents, businesses, ar	sting pipe and utilizing the lifecycle of the	ng heat and pressure to
5. State Agency to re	ceive requested fu	ınds Depa	artment of Environmental	Protection	
State Agency conta	acted? No				
6. Amount of the Non	rocurring Poguest	for Eisaal Vaa	ur 2025-2026		
		. IUI FISCAI TEA	11 2023-2020		1
Type of Funding			Amo	ount	
Operating				500,000	
Fixed Capital Outlay				500,000	1
Total State Funds	Requested			500,000	
7. Total Project Cost f	for Fiscal Year 202	25-2026 (includ	ling matching funds ava	ailable for this proje	ect)
-		•			,
Type of Funding			Amount	Percentage	
Total State Funds R	Requested (from que	estion #6)			
Total State Funds R Matching Funds	Requested (from que	estion #6)	Amount 500,000	Percentage 50%	
Total State Funds R Matching Funds Federal		,	Amount 500,000	Percentage 50%	
Total State Funds R Matching Funds Federal State (excluding the		,	Amount 500,000	Percentage 50% 0% 0%	
Total State Funds R Matching Funds Federal State (excluding the Local		,	Amount 500,000 0 500,000	Percentage 50% 0% 0% 50%	
Total State Funds R Matching Funds Federal State (excluding the Local Other	e amount of this requ	uest)	Amount 500,000 0 500,000 0	Percentage 50% 0% 0% 50% 50%	
Total State Funds R Matching Funds Federal State (excluding the Local	e amount of this requ	uest)	Amount 500,000 0 500,000	Percentage 50% 0% 0% 50% 50%	
Total State Funds R Matching Funds Federal State (excluding the Local Other	e amount of this requests for Fiscal Year 20	uest) 025-2026 state funding?	Amount 500,000  0 500,000  1,000,000	Percentage 50% 0% 0% 50% 50%	
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr If yes, provide the	e amount of this request sometimes as for Fiscal Year 20 reviously received most recent instal	uest) 025-2026 state funding?	Amount 500,000 0 500,000 0 1,000,000 No Specific	Percentage 50% 0% 0% 50% 50%	
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr If yes, provide the	e amount of this request sometimes as for Fiscal Year 20 reviously received most recent instal	uest) 025-2026 state funding?	Amount 500,000  0 500,000 0 1,000,000 No Specific	Percentage 50% 0% 0% 50% 100%	
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr If yes, provide the	e amount of this request for Fiscal Year 20 reviously received most recent instal	uest) 025-2026 state funding? nce:	Amount 500,000  0 500,000 0 1,000,000 No Specific	Percentage 50% 0% 0% 50% 100%	
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr If yes, provide the	e amount of this requests for Fiscal Year 20 reviously received most recent instandard Recurring	uest)  025-2026  state funding? nce:  ount  Nonrecurringuested?	Amount 500,000  0 500,000 0 1,000,000 No Specific	Percentage 50% 0% 0% 50% 100%	



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1(	0.	<b>Status</b>	of	Construction
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a. What is the current phase of t	he project?		
O Planning O Design	○ Construction ○ N/A		
b. Is the project "shovel ready" (	i.e permitted)?	Yes	
c. What is the estimated start da	te of construction?	01/01/2026	
d. What is the estimated comple	tion date of construction?	04/30/2026	
e. What funding stream will be u  The cost will vary depending on t Collection System. Annual costs a	he amount of fats, oils, and gr	ease that may deve	
11. List the owners of the facility to relationship between the owner			al outlay funding. Include the

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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. Cost for contracted services to complete project	500,000
<b>Total State Funds Requested (m</b>	ust equal total from question #6)	500,000

#### 13. Program Performance

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

Improve and extend the life of the sanitary sewer collection system and reduce potential sewer spills, road depressions, and cave-ins as well improving public health and safety.

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

The new CIPP lining will extend the life of the infrastructure, provide a barrier to minimize groundwater inflow and soil infiltration at existing sanitary sewer pipe joints. The lining also protects human health and safety by reducing potential sewer spills and decreasing any disruption in service.



a. If yes, provide the FEMA project worksheet ID#:

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

The City will provide direct services by reducing potential sewer spills, which in turn helps improve public health and

S   I   A	safety. These efforts ensure residents, businesses, and visitors can enjoy their lives without disruptions. By minimizing sewer spills and potential school closures, we can enhance the quality of education and protect the public from harm. Preventing sewer overflows safeguards the surrounding environment and contributes to public health and safety. Additionally, we will improve wastewater management by increasing the structural integrity of sewer pipes and flow capacity, resulting in a better service level and reducing the likelihood of sewer overflows. Effective stormwater management is also a benefit; reducing potential sewer spills can lessen the adverse impacts on the stormwater system.
C	d. Who is the target population served by this project? How many individuals are expected to be served?
	City of Boynton Beach. Approximately 85,000 citizens.
e	e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will
t	be measured?
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The benefits of this project include continued water distribution to utility customers, enhanced water quality and aesthetics, and improved public health and safety. The upgrades will improve fire flow services, enabling the fire department to meet established service levels and enhance community safety. By reducing the risk of water main breaks we decrease the likelihood of chlorinated water runoff into freshwater and saline bodies, which can be harmful to fish and wildlife. Additionally, improved water distribution infrastructure will ensure better fire flow to areas with increasing demands. To evaluate the project's effectiveness, we will measure the following performance indicators: response times, communication effectiveness, coordination and collaboration, technology infrastructure performance, resource utilization, and feedback from the City's management team as well as from other cities that utilize our water services.
	f. What are the suggested penalties that the contracting agency may consider in addition to its standard penaltie for failing to meet deliverables or performance measures provided for in the contract?
1	Failure to meet the deliverables should result in returning the funds to the State if the funding is not expended within the time stated on the contract.
14. Is	s 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. H	Has the entity applied for or received federal assistance for this project?
	☐ Yes, Applied
	☐ Yes, Received
	□ No
	□ No, but intends to apply



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b. Provide the total project cost listed on the FEMA project worksheet:	
6. Has the entity applied for or received state assistance for this project (other than th	nis request)?
☐ Yes, Applied	
☐ Yes, Received	
□ No	
□ No, but intends to apply	
a. If yes, specify the program and state agency (ex. Local Government Emergency B Commerce):	ridge Loan, Departmen
Please complete questions 17 through 21 for Water Projects o	nly.
7. 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	
3. 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)	
<ul><li>□ Rural Area of Opportunity (s. 288.0656, Florida Statutes)</li><li>□ N/A</li></ul>	



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21. What is the estima	ated completion date of c	onstruction <sup>2</sup>	? 04/30/2026
2. Requester Contact	Information		
a. First Name	Mirna	Last Name	Crompton
		Last Hame	Orompton
b. Organization	City of Boynton Beach		
	cromptonm@bbfl.us	]	
d. Phone Number	(561)742-6087	Ext.	
0 Destruitent Oscilest	In to any other		
3. Recipient Contact a. Organization	City of Boynton Beach		
b. Municipality and	d County Palm Beach		
c. Organization Ty	pe		
□For Profit Entity			
□Non Profit 501(c	c)(3)		
□Non Profit 501(c	2)(4)		
☑Local Entity			
□University or Co	llege		
□Other (please sp	pecify)		
d. First Name	Mirna	Last Name	Crompton
e. E-mail Address	cromptonm@bbfl.us		
f. Phone Number	(561)742-6087	Ext.	
4. Lobbyist Contact I	nformation		
a. Name	Mathew Forrest		
b. Firm Name	Ballard Partners		
c. E-mail Address	mat@ballardpartners.com	1	
d Phone Number	(561)253-3232		

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