

LFIR # 1858

	ing likely to be re	. 10	No		
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
Fiscal Year Amou			Specific	Vetoed	
8. Has this project pro If yes, provide the	•	_	No		
Total Project Costs	s for Fiscal Year 2	025-2026	500,000	100%	
Other			0	0%	
Local			0	0%	
State (excluding the	amount of this red	uest)	0	0%	
Federal			0	0%	
Matching Funds	equested (IIOIII Qu	ະວແປH #0)	500,000	100%	
Type of Funding Total State Funds R	equested (from au	estion #6)	Amount 500,000	Percentage 100%	
7. Total Project Cost f		25-2026 (including		lable for this proje	ect)
Fixed Capital Outlay				500,000	
Operating				500,000	
Type of Funding			Amo		
6. Amount of the Non	recurring Reques	t for Fiscal Year 20	025-2026		
State Agency conta	•				
5. State Agency to re			nent of Environmental		,, , , , , , , , , , , , , , , , , , , ,
South Lake County groundwater withdra explore and evaluate	has been identified wal. The goal of the e nontraditional and	ie Wellness Way Al d alternative water s	orida Water Initiative to ternative Water Supply supplies in South Lake reduce groundwater wi	and Stormwater R County. This study	euse Śtudy is to
4. Project/Program Do					
3. Date of Request	2/4/2025				
2. Senate Sponsor	Keith Truenow				
-	Study	ness Way Alternativ			



LFIR # 1858

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)?					
c. What is the estimated start of	late of construction?					
d. What is the estimated comp	letion date of construction?					
e. What funding stream will be	used for ongoing operations and maintenance of the project?					
List the owners of the facility relationship between the own Details on how the requested	to receive, directly or indirectly, any fixed capital outlay funding. Indeers of the facility and the entity. State funds will be expended	clude the				
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	All requested funds will be utilized in conducting the Wellness Way Alternative Water Supply and Stormwater Reuse Study.	500,000				
Fixed Capital Construction/Ma	jor Renovation:					
Construction/Renovation/Land/ Planning Engineering		0				
Total State Funds Requested (must equal total from question #6)	500,000				
13. Program Performance a. What specific purpose or g	oal will be achieved by the funds requested?					
Reduce groundwater withdrawals from the Upper Floridan Aquifer.						
	b. What activities and services will be provided to meet the intended purpose of these funds?					
This study will recommend alte	ernative water supply options for non-potable use.					
	c. What direct services will be provided to citizens by the appropriation project?					
Development of solutions for alternative water supply.						



LFIR # 1858

	Residents of Clermont and Lake County.						
	e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?						
	Reduce impact to minimum flows and levels of local water bodies. Reduce withdrawals from the Upper Floridan Aquifer.						
	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?						
	Return of funds.						
14.	Is this project related to mitigation, response, or recovery from a natural disaster? No						
а	. 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						
Į	□ Yes, Received						
[□ No						
[□ No, but intends to apply						
а	. 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)?						
l	□ Yes, Applied						
[□ Yes, Received						
Į	□ No						
[□ No, but intends to apply						
	. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):						



LFIR # 1858

lease complete	e questions 17	through 21	for Water Projects only		
. Have you been awa	arded or applied for	alternative state	funding for this project?		
☐ Water Quality Ir	mprovement Grant Pr	rogram			
☐ Resilient Florida	Grant Program				
□ Wastewater Re	volving Loan				
□ Drinking Water	Revolving Loan				
☐ Small Commun	ity Wastewater Treat	ment Grant			
☐ Other (please s	pecify, ex. Alternative	e Water Supply Gra	ants)		
☑ N/A					
. What is the popula	tion economic statu	ıs?			
☐ Financially Disa	dvantaged Communi	ity (ch. 62-552, F.A	ı.C)		
☐ Financially Disa	dvantaged Municipal	lity (ch. 62-552, F.A	A.C)		
☐ Rural Area of E	conomic Concern				
☐ Rural Area of O	pportunity (s. 288.06	56, Florida Statutes	s)		
☑ N/A					
. What is the status	of construction?				
Not ready.					
). What percentage o	f the construction h	nas been complete	ed?		
0					
1. What is the estima	ted completion date	e of construction?	? 2/27/26		
2. Requester Contact	Information				
a. First Name	Rick	Last Name	Van Wagner		
b. Organization	City of Clermont				
c. E-mail Address	c. E-mail Address rvanwagner@clermontfl.org				
d. Phone Number	(352)2/1-7358	Ext.			

a. Organization City of Clermont



LFIR # 1858

	b. Municipality and	I County Lake				
	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	James	Last Name	Maiworm		
	e. E-mail Address	jmaiworm@clermontfl.org				
	f. Phone Number	(352)241-0178	Ext.			
24. Lobbyist Contact Information						
	a. Name	Christopher L. Carmody				
	b. Firm Name	GrayRobinson PA				
	c. E-mail Address	chris.carmody@gray-robinson.com				
	d. Phone Number	(407)843-8880				

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