

LFIR # 1898

1.	Project Title	Groveland Sampey Wastewater Treatment Facility Improvements							
2.	Senate Sponsor	Keith Truenow							
3.	Date of Request	2/11/2025							
4.	Project/Program De	escription							
	Groveland's legislati Improvements. The p treatment infrastructu financial burden on the	oroject is shovel-re ure for environmen	ady with desigr tal sustainabilit	n and p y, publ	permitting at 100% of ic health and resilie	complete and aims t ncy. This funding w	to enhance wastewater ill help alleviate the		
5.	State Agency to rec	eive requested fu	nds Depa	artmer	nt of Environmental I	Protection			
	State Agency contacted? No 6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026								
	Type of Funding				Amo	unt			
	Operating				0				
1	Fixed Capital Outlay				2,000,000				
l	Total State Funds R	Requested			2,000,000				
7.	Total Project Cost fo	or Fiscal Year 202	5-2026 (includ	ling m	atching funds avai	lable for this proje	ect)		
	Type of Funding Amount Percentage								
Total State Funds Requested (from question #6) 2,000,000 100%									
Matching Funds									
	Federal		()		0	0%			
	State (excluding the	amount of this requ	Jest)		0	0% 0%			
	Local Other				0	0%			
ı	Total Project Costs	for Figure Voor 20	25 2026		2,000,000	100%			
8.	Has this project pre If yes, provide the r	eviously received	state funding?	· [No 2,000,000	10078			
	Fiscal Year	Amo			Specific	Vetoed			
	(уууу-уу)	Recurring	Nonrecurrir	ng	Appropriation #				
	Is future-year funding a. If yes, indicate not b. Describe the sou	onrecurring amou	nt per year.		No				



The Florida Senate **Local Funding Initiative Request Fiscal Year 2025-2026**

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0. Status of Construction				
a. What is the current phase of the project	ct?			
O Planning Design • Co	onstruction	O N/A		
b. Is the project "shovel ready" (i.e perm	itted)?		Yes	
c. What is the estimated start date of cor	03/31/2025			
d. What is the estimated completion date	01/30/2027			
e. What funding stream will be used for o	ongoing ope	rations a	nd maintenance of	the project?
Enterprise Funds				
11. List the owners of the facility to receive relationship between the owners of the				outlay funding. Include the
City of Groveland				

12. Details on how the requested state funds will be expended

Spending Category	Description	Amount			
Administrative Costs:	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 for the Sampey Wastewater Treatment Facility Improvements.	2,000,000			
Total State Funds Requested (must equal total from question #6) 2,000,000					

13. Program Performance

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

The specific purpose is to help Groveland construct improvements to the Sampey Wastewater Treatment Facility.

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

This funding will allow for improvements to the Sampey Wastewater Treatment Facility and help alleviate the financial burden on the community and expedite the project's implementation, benefiting Groveland's residents.

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

Improvements to the Sampey Wastewater Treatment Facility will help alleviate the financial burden on the community.



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(City of Groveland. Population 23,628.
	. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will
b	e measured?
h	The benefit of this project will be improvements to the Sampey WWTF, including the following: Improvements of leadworks, biological treatment, secondary clarifier, sludge pump station, tertiary treatment, disinfection, reuse effluent leadworks, emergency power generator, and other required improvements. This outcome will be measured by assessing improvements in the biological, secondary clarifier, tertiary treatment, and RAS/WAS pump improvements at the facility.
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?
	If the project does not meet the standards of the department the effect will be addressed through permitting, withholding ayment, invoice reduction, corrective action plan, and termination of agreement.
14. Is	this project related to mitigation, response, or recovery from a natural disaster?
a. I	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	as the entity applied for or received federal assistance for this project?
	Yes, Applied
	Yes, Received
	No
	No, but intends to apply
a. I	If yes, provide the FEMA project worksheet ID#:
L h	Provide the total project cost listed on the FEMA project worksheet:
[]	Provide the total project cost listed on the LEMA project worksheet.
 16. H	as 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



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a. If yes, specify the Commerce):	e program and state age	ncy (ex. Loca	al Government Emergency Bridge	Loan, Department o		
Please complete	e questions 17 thr	ough 21	for Water Projects only.			
17. Have you been aw	arded or applied for alter	native state	funding for this project?			
☑ Water Quality I	mprovement Grant Progra	m				
☐ Resilient Florida	a Grant Program					
☑ Wastewater Re	volving Loan					
□ Drinking Water	Revolving Loan					
☐ Small Commun	ity Wastewater Treatment	Grant				
☐ Other (please s	specify, ex. Alternative Wat	er Supply Gra	ants)			
□ N/A						
18. What is the popula	ation economic status?					
☐ Financially Disa	advantaged Community (ch	n. 62-552, F. <i>A</i>	A.C)			
☐ Financially Disa	advantaged Municipality (c	h. 62-552, F. <i>l</i>	A.C)			
☐ Rural Area of E	□ Rural Area of Economic Concern					
☐ Rural Area of C	☐ Rural Area of Opportunity (s. 288.0656, Florida Statutes)					
☑ N/A						
19. What is the status	of construction?					
0%						
20. What percentage of	of the construction has b	een complet	ed?			
0%						
21. What is the estimate	ated completion date of o	construction	? 01/30/2027			
22. Requester Contact	t Information					
a. First Name	Mike	Last Name	Hein			
b. Organization	City of Groveland					
c. E-mail Address	michael.hein@groveland	-fl.gov				
d. Phone Number	(352)429-2141	Ext.				



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23. Recipient Contact Information						
a. Organization	City of Groveland					
b. Municipality and	b. Municipality and County Lake					
c. Organization Type						
□For Profit Entity	□For Profit Entity					
□Non Profit 501(c	□Non Profit 501(c)(3)					
□Non Profit 501(c	□Non Profit 501(c)(4)					
☑Local Entity	☑Local Entity					
□University or Co	□University or College					
□Other (please specify)						
d. First Name	Brenda	Last Name	Toscano			
e. E-mail Address	brenda.toscano@groveland-fl.gov					
f. Phone Number	(352)534-1918	Ext.				
24. Lobbyist Contact Information						
a. Name	Christopher T. Dawson					
b. Firm Name	GrayRobinson PA					
c. E-mail Address	chris.dawson@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.