

LFIR # 2179

1. Project Title	Cross City WWTP & Sprayfield Expansion

2. Senate Sponsor Corey Simon

3. Date of Request 2/28/2025

4. Project/Program Description

Planning and for a new wastewater treatment plant with effluent disposal to the existing restricted access sprayfield. The new plant will replace the existing 0.4 MGD facility that includes a 0.15 MGD facility dating back to 1966 and a 0.25 MGD facility installed by the Department of Corrections in the 1980's. Both facilities have reached the end of their service life. In addition, the current plant site is limited, restricting the ability to increase plant capacity to address the Town's expanded consumer base.

A new plant with a single treatment train, utilizing newer technology, would benefit the town and ease the operational complexity of balancing two facilities of varying age and capacities. The planning task will address siting of the new plant and infrastucture modifications to the collection to redirect sewage to the new treatment location.

5. State Agency to receive requested funds

Department of Environmental Protection

State Agency contacted? No

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

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	350,000
Total State Funds Requested	350,000

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)	350,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	350,000	100%

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

Fiscal Year	Amo	ount	Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	

9. Is future-year funding likely to be requested?

No

No

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

10. Status of Construction

a. What is the current phase of the project?

	📀 Planning	🔘 Design	Construction	🔘 N/A
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- b. Is the project "shovel ready" (i.e permitted)?
- c. What is the estimated start date of construction?
- d. What is the estimated completion date of construction?

e. What funding stream will be used for ongoing operations and maintenance of the project?

Established sewer rates for residential and commercial users.

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.

No

01/01/2029

12/31/2029

Town of Cross City

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/Major Renovation:				
Construction/Renovation/Land/ Planning Engineering	Engineering consultant to provide planning services for the new wastewater plant, to included project plant capacity, land requirements, and infrastructure modifications. Task will also include environmental studies necessary to determine potential construction impacts.	350,000		
Total State Funds Requested (must equal total from question #6)				

13. Program Performance

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



Assist with the planning costs associated with a new wastewater treatment plant. Planning will include determining capacity of the new facility, routing of infrastructure, expansion of the sprayfield, and environmental studies. The new facility will likely be located at the Town's sprayfield, however the size of the plant site must be determined to ensure expansion ability, residual treatment, and the continued operation of the sprayfield for water plant concentrate disposal.

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

Engineering planning and environmental studies.

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

The Town of Cross City will be able to initiate planning for the future to ensure continued sewer services to the citizens of the Town, businesses, commercial entities. The existing treatment plant has reached the end of its service life and cannot be expanded due to its current location.

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

The new plant will benefit the residents and business owners within the Town of Cross City and the Department of Corrections (Cross City Correctional Institute.)

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

The Town will have a path forward to ensure the ability to provide sewer services to its growing population. In addition, the new facility will provide operational flexibility and new technology to better achieve treatment standards in accordance with state (FDEP) requirements.

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?

Contracting Agency may consider a probationary status for a period of time or a period of suspended funding that may range from one to three years, depending on the severity of non-compliance.

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)
- **C** 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
- □ 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)
- ☑ 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)
- D N/A

19. What is the status of construction?

Planning

20. What percentage of the construction has been completed?



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0%				
	ated completion date of co	onstruction	? 12/31/20 pending f	
2. Requester Contact	Information			
a. First Name	John	Last Name	Driggers	
b. Organization	Town of Cross City			
c. E-mail Address	citymanager@townofcros	scity.com		
d. Phone Number	(352)498-3306	Ext.		
2 Decinient Contact	Information			
3. Recipient Contact a. Organization	Town of Cross City			
b. Municipality and				
c. Organization Ty	-			
□For Profit Entity				
	S)(2)			
□Non Profit 501(c				
□Non Profit 501(c	;)(4)			
☑Local Entity				
□University or Co	llege			
□Other (please sp	pecify)			
d. First Name	John	Last Name	Driggers	
e. E-mail Address	citymanager@townofcross	scity.com		
f. Phone Number	(352)498-3306	Ext.		
4. Lobbyist Contact I	nformation			
a. Name	None			
b. Firm Name				
c. E-mail Address				
d. Phone Number				

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