



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2372

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**4. Project/Program Description**

North Beach Stormwater Master Plan Improvements: Clearwater's North Beach has been suffered significant flooding resulting in repetitive losses to homeowners and businesses caused by severe storms and several major hurricanes (Debby, Helene, Milton). City of Clearwater completed a master plan in 2022 that identified need for pump stations, increased pipe sizes, improved roadway drainage features, tidal valves and other stormwater enhancements.

5. **State Agency to receive requested funds**
- State Agency contacted?**

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

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	3,000,000
<b>Total State Funds Requested</b>	<b>3,000,000</b>

**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)	3,000,000	23%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	10,000,000	77%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>13,000,000</b>	<b>100%</b>

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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.**

City is pursuing several other grant funding sources. This is a multi-year project so various grants will be pursued over the duration of the project.

**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



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**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)?** No

**c. What is the estimated start date of construction?** 06/30/2025

**d. What is the estimated completion date of construction?** 06/28/2030

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

City has already updated stormwater rate study to include project and maintenance costs for this project.

**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.**

City of Clearwater will own, operate and maintain stormwater infrastructure.

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	City currently funding initial pump station designs. This funding supports construction of initial pump stations to provide immediate flood relief to residents. Pump stations are first phase of multi-year construction project. Completion of pump stations will help mitigate against additional repetitive losses.	3,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>3,000,000</b>

**13. Program Performance**

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

Mitigate repetitive flood losses and flood impacts on this area. This portion of the city has seen increase in flooding and associated damages and impacts due to more intense storms coupled with higher tidal impacts. Improvements are designed to reduce these impacts, which will benefit residents, businesses and help mitigate costs associated with flooding.

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



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Funding will assist with constructing permanent pump stations for immediate relief and overall design development of the multi-year construction project.

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

Not applicable.

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

Residents and businesses of North Beach community. Area is both tourist and residential area. Area consists of over 600 homes that serve full time residents as well as rental homes. Area also includes several businesses that support both residents and tourists.

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

Reduction in flood damages. Repetitive flood losses and new flood claims will be measured. Crime statistics from looting and non-licensed contractors can be measured. Nutrient reduction can be sampled and measured. Regular community interactions are already occurring and community feedback will be received and can be evaluated for effectiveness.

**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?**

Clearwater must provide Corrective Action Plan to demonstrate how project will be recovered. Corrective Action Plan to include specific deliverables and penalties if missed. Plan to be briefed to FDEP and updated based on FDEP feedback. Monthly reports on recovery process to be provided to FDEP. Future year appropriations could be reduced or eliminated. Clearwater cost sharing percentage could be increased.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**  No  Yes

**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 infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

Hurricanes Debby, Milton & Helene plus several unnamed storms

**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)?**



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- 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):**

Florida Resiliency Grant, Florida Department of Environmental Protection

### 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)
- N/A

**19. What is the status of construction?**

Not started- master plan complete, additional modeling ongoing, initial design started

**20. What percentage of the construction has been completed?**

0

**21. What is the estimated completion date of construction?**

06/28/2030

**22. Requester Contact Information**



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a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 23. Recipient Contact Information

a. Organization

b. Municipality and County

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  Last Name

e. E-mail Address

f. Phone Number  Ext.

#### 24. Lobbyist Contact Information

a. Name

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.*