

The Florida Senate Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2491

1.	Project Title	Live Oak Potable well #11 replacement					
2.	Senate Sponsor	Corey Simon					
3.	Date of Request	3/2/2025					
4.	Project/Program De	escription					
	This project would hevents (such as a na	nelp with redundand atural disaster). Also	cy for our water sup to help with fire prot	pply. Also have an extreection, upcoming grow	ra back up water su vth and pressure th	pply during any major rough out the city.	
5. State Agency to receive requested funds Department of Environmental Protection							
	State Agency conta	cted? No					
6	Amount of the Nonr	ecurring Request	for Fiscal Year 20	25-2026			
	Type of Funding	<u> </u>		Amount			
	Operating			Amo	0		
	Fixed Capital Outlay	,			2,500,000		
	Total State Funds F				2,500,000		
7. ⁻	Total Project Cost f	or Fiscal Year 202	5-2026 (including	matching funds ava	ilable for this proje	ect)	
	Type of Funding			Amount	Percentage		
	Total State Funds R	equested (from que	estion #6)	2,500,000	100%		
	Matching Funds						
	Federal			0	0%		
	State (excluding the	amount of this requ	uest)	0	0%		
	Local			0	0%		
	Other			0	0%		
	Total Project Costs	for Fiscal Year 20	025-2026	2,500,000	100%		
8.	Has this project pre If yes, provide the i	•	•	No			
	Fiscal Year (уууу-уу)	Amo Recurring	ount Nonrecurring	Specific Appropriation #	Vetoed		
	(3333 33)	Recuiring	Nomecuring				
9.	Is future-year fundi a. If yes, indicate no b. Describe the sou	onrecurring amou	nt per year.	No lieu of state funding.			

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



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Planning	O Design	Construction N/A		
b. Is the project	"shovel ready" ((i.e permitted)?	No	
c. What is the e	stimated start da	te of construction?	07/01/2025	
d. What is the e	stimated comple	tion date of construction?	05/31/2026	
e. What funding	stream will be u	sed for ongoing operations	and maintenance	of the project?
The City of Live	e Oak			
List the owner		o receive, directly or indirec rs of the facility and the enti		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	Planning and construction	2,500,000
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?

The purpose and goal that the city would like to achieve is get our well replaced and to help with our fire protection.

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

The activities and services it would provide is have redundancy on our water system along with helping with fire protection.

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

Some of the direct services would help provide our citizens better fire protection, along with another source for our potable well to provide better water pressure to our citizens. I am seeing growth and want to stay ahead of the needs before they are here.



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

The city's target is approximately an additional 300-500 more homes built in our area for us to serve. The city currently serves approximately 8,500 individuals now and we are expecting the growth to come to our water system north of town and will put a strain on our existing system.

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

The benefit would help our community with a better fire protection and more volume of water available to our customers. The Methodology is to add another portable well to system on another power source.

penalties

	f. What are the suggested penalties that the contracting agency may consider in addition to its standard for failing to meet deliverables or performance measures provided for in the contract?
	Our suggested penalties would be \$250.00 per day
4.	Is this project related to mitigation, response, or recovery from a natural disaster? No
á	. 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)
I	. Name of the natural disaster (or Executive Order # for events not under a federal declaration):
5.	Has the entity applied for or received federal assistance for this project?
	□ Yes, Applied
	□ Yes, Received
	□ No
	□ No, but intends to apply
á	. If yes, provide the FEMA project worksheet ID#:
I	. 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 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 agei	ncy (ex. Loca	al Government Emergency Bridge Loan, Department			
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 Prograr	m				
☐ Resilient Florida	a Grant Program					
□ Wastewater Re	evolving Loan					
□ Drinking Water	Revolving Loan					
☐ Small Community Wastewater Treatment Grant						
☑ Other (please s	specify, ex. Alternative Wat	er Supply Gra	ants) t will look into alternative funding			
□ N/A						
18. What is the popula	ation economic status?					
☑ Financially Disa	☑ Financially Disadvantaged Community (ch. 62-552, F.A.C)					
☑ Financially Disa	☑ 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?					
Still in the plannin	g phase					
20. What percentage of	of the construction has be	een complet	ed?			
Zero						
21. What is the estima	ated completion date of c	onstruction	? 04/28/2028			
22. Requester Contact	t Information					
a. First Name	Larry	Last Name	Sessions			
b. Organization	City Of Live Oak					
c. E-mail Address	lsessions@cityofliveoak.c	org				
d. Phone Number	(386)362-2276	Ext.				



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23. Recipient Contact Information							
a. Or	a. Organization City of Live Oak						
b. Municipality and County Suwannee							
c. Organization Type							
□F	□For Profit Entity						
□N	□Non Profit 501(c)(3)						
□N	□Non Profit 501(c)(4)						
⊠Lo	☑Local Entity						
□U	□University or College						
ПО	□Other (please specify)						
d. Fir	st Name	Jerald		Last Name	Lee		
e. E-r	e. E-mail Address jlee@cityofliveoak.org						
f. Pho	one Number	(386)362	-2276	Ext.			
24. Lobbyist Contact Information							
a. Na	me	None]	
b. Fir	m Name						
c. E-r	nail Address						
d. Ph	one Number						

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