



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2558

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Upgrade the East Putnam Regional Waste Water Treatment Plant by constructing additional ribs, installing two 150,000 gallon treatment trains, and emplacing the required connecting piping. This would increase the plant's capability by 300,000 gallons of effluent water daily. Our current treatment facility can handle the expansion which would service customers along the State Road 207 and County Road 207-A permitting residents in proximity of the St. Johns River to switch from septic to sewer- an environmental concern brought forth by the Florida Department of Environmental Protection.

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	9,500,000
<b>Total State Funds Requested</b>	<b>9,500,000</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)	9,500,000	95%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	500,000	5%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>10,000,000</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.

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2558

**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 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?**

Local funds and customer revenue will be the sources for funding ongoing operations and project maintenance

**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.**

Putnam County Board of County Commissioners. Owner is the entity.

**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	Engineering, design and construction of the Waste Water Expansion	9,500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>9,500,000</b>

**13. Program Performance**

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

Upgrade the East Putnam Regional Waste Water Treatment Plant by constructing additional ribs, installing two 150,000 gallon treatment towers, and emplacing the required connecting tubing. This would increase the plant's capability by 300,000 gallons of effluent water daily. Our current treatment facility can handle the expansion which would service customers along SR 207 and CR 207-A permitting those residents in proximity of the St Johns River to switch from sewer to septic.

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2558

Facility expansion will enable Putnam County to service more of their residents waste water along the environmentally sensitive St. Johns River shorelines

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

Residents will be able to switch their waste water services from septic to sewer. The expansion will allow the plant to service as many as 2,700 households compared to the current 1,200 capacity

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

All citizens of East Palatka - 1500 single family homes.

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

Residents will be able to switch from septic to sewer which will result in less possibility of contamination of ground water, aquifer and the environment.

**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 to absorb costs associated with features of work failing to meet deliverables or performance measures provided in contract.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**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):**

**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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2558

- 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)
- N/A

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

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

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

**22. Requester Contact Information**

**a. First Name**  **Last Name**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2558

**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.*