

**LFIR # 2595** 

1. Project Ti	Lantana West Pine Stre	et Water Main Improvements - Phase II	
2. Senate Sp	Mack Bernard		
3. Date of Re	equest 3/2/2025		
4. Project/Pr	ogram Description		
(adjacent t		ent water main located along W Pine St from the v St and S Arnold Ave (approximately 3,400 LF). Th quires replacement.	
5. State Age	ncy to receive requested funds	Department of Environmental Protection	
State Age	ncy contacted? No		
6. Amount of	the Nonrecurring Request for Fis	cal Year 2025-2026	
Type of F	unding	Amount	
Operating			0
Fixed Cap	ital Outlay	1,300,0	00
<b>Total Stat</b>	e Funds Requested	1,300,0	00

#### 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)	1,300,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	1,300,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	2,600,000	100%

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

Yes

Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2023-24	0	1,200,000	LPA0558	No	

Э. I	s f	uture-year	funding	likely to	be	requested?

Yes

a. If yes, indicate nonrecurring amount per year.

1,250,000

b. Describe the source of funding that can be used in lieu of state funding.

Local Funding (to be budgeted and appropriated).

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

10. Status of Construction



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a. What is the current phase of	the project?		
○ Planning	Construction N/	Α	
b. Is the project "shovel ready"	(i.e permitted)?	No	
c. What is the estimated start da	ate of construction?	04/30/2025	
d. What is the estimated comple	etion date of construction?	06/30/2026	
e. What funding stream will be u	used for ongoing operations	and maintenance of the project?	
Local Funding.			
relationship between the owner	to receive, directly or indirecers of the facility and the ent	ctly, any fixed capital outlay funding. In ity.	clude the
Town of Lantana, FL			
12. Details on how the requested s	tate funds will be expended		
Spending Category		Description	Amount
Administrative Costs:			, , , , , , , , , , , , , , , , , , , ,
Executive Director/Project Head Salary and Benefits			C
Other Salary and Benefits			(
Expense/Equipment/Travel/Supplies/Other			С
Consultants/Contracted Services/Study			C
Operational Costs			
Salary and Benefits			(
Expense/Equipment/Travel/Supplies/Other			(
Consultants/Contracted Services/Study			(
Fixed Capital Construction/Major	or Renovation:		
Construction/Renovation/Land/ Planning Engineering		eplacement of asbestos cement (AC)	1,300,000
Total State Funds Requested (n		on #6)	1,300,000
13. Program Performance a. What specific purpose or go	pal will be achieved by the fu	unds requested?	
To replace asbestos cement wa	ater lines that are at or nearing	the end of their useful lives.	
b. What activities and services	s will be provided to meet the	e intended purpose of these funds?	
Distribution of potable water in	a safe, stable and reliable mar	nner.	
c. What direct services will be	provided to citizens by the	appropriation project?	
Distribution of potable water in	a safe, stable and reliable mar	nner.	

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



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Residents, visitors and business owners totaling approximately	, 13,000.
e. What is the expected benefit or outcome of this project? be measured?	What is the methodology by which this outcome will
Distribution of potable water in a safe, stable and reliable man	ner.
f. What are the suggested penalties that the contracting agfor failing to meet deliverables or performance measures p	•
Enhanced Corrective Action Plan (CAP).	
14. Is this project related to mitigation, response, or recovery f	om a natural disaster? No
a. If Yes, what phase best describes the project?	
☐ Mitigation (reducing or eliminating potential loss of life or pr	operty)
☐ Response (addressing the immediate and short-term effect	s of a natural disaster)
☐ Recovery (assisting communities return to normal operatio	ns, including rebuilding damaged infastructure)
b. Name of the natural disaster (or Executive Order # for eve	nts 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 v	/orksheet:
16. Has the entity applied for or received state assistance for the	nis 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 Go	vernment Emergency Bridge Loan, Department of



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#### 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 In	mprovement Grant Progran	n				
	□ Resilient Florida Grant Program						
	□ Wastewater Revolving Loan						
	☐ Drinking Water	Revolving Loan					
	☐ Small Commun	ity Wastewater Treatment	Grant				
	☑ Other (please s	pecify, ex. Alternative Wate	er Supply Grant	s) nity Project Funding			
	□ N/A						
18.	What is the popula	tion economic status?					
	□ Financially Disc	ndvantaged Community (ch	62 552 E A C	•\			
	·			,			
	☐ Financially Disa	ndvantaged Municipality (ch	n. 62-552, F.A.C	<b>5</b> )			
	☐ Rural Area of E	conomic Concern					
	☐ Rural Area of C	pportunity (s. 288.0656, Fl	orida Statutes)				
	☑ N/A						
19.	What is the status	of construction?					
	Anticipated to beg	in in 07/2025					
20.	What percentage o	of the construction has be	een completed	?			
	0%						
21.	What is the estima	ated completion date of c	onstruction?	06/30/2026			
22. Requester Contact Information							
	a. First Name Vanessa Last Name Holloway						
	b. Organization						
	c. E-mail Address vholloway@lantana.org						
	d. Phone Number	(561)540-5766	Ext.				
	23. Recipient Contact Information						
	a. Organization	Town of Lantana					
	h Municipality and	County Palm Beach					



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	c. Organization Ty	pe				
	□For Profit Entity					
	□Non Profit 501(c	2)(3)				
	□Non Profit 501(c	3)(4)				
	☑Local Entity					
	□University or Co	llege				
	□Other (please specify)					
	d. First Name	Brian	Last Name	Raducci		
	e. E-mail Address	braducci@lantana.org				
	f. Phone Number	(786)417-4672	Ext.			
24.	24. Lobbyist Contact Information					
	a. Name	Mathew Forrest				
	b. Firm Name	Ballard Partners				
	c. E-mail Address	mat@ballardpartners.com	1			
	d. Phone Number	(561)253-3232				

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