



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2598

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The project will construct a new Utilities Operations facility that will house all of the operational functions for the 10 mgd capacity water treatment, water distribution and wastewater collection operations. The building will be Category 5-rated to allow for adequate protection of equipment and personnel to better serve the public in the event of a storm or natural disaster. As part of the project, the emergency generator that powers the Main Water Treatment Plant will be replaced.

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	600,000
Total State Funds Requested	600,000

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)	600,000	10%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	5,400,000	90%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	6,000,000	100%

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



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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? 10/1/2025

d. What is the estimated completion date of construction? 9/30/2027

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

The Village of Palm Springs Utilities (enterprise) Fund will be used on O&M funding.

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.

The project is located within the Village of Palm Springs. The Village will undertake the capital project, including completion of design and construction, and will be responsible for the ongoing operations and maintenance.

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	Construction of new Category 5-rated building with offices, inventory storage, and equipment storage, including site work, drainage and parking. Replacement of emergency generator that powers Main Water Treatment Plant. The new building will be constructed within a current Village Utilities-owned facility.	600,000
Total State Funds Requested (must equal total from question #6)		600,000

13. Program Performance

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

The goal of this project is to provide a hardened Operations building to house all of the Village's water and sewer operational functions. The building will provide a secure location (CAT 5 rated) during severe weather events to allow 24/7 operations of this critical facility that serves 40,000 Village, unincorporated and Lake Clarke Shores residents. Palm Springs Utilities will operate two (2) water treatment plants with a combined capacity of 10 mgd from the proposed building.



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

Specific construction activities include demolition of an existing storage facility, construction of the new Operations Building, replacement of an existing emergency generator for the operations of the Main Water Treatment Plant, as well as emergency power for the new Operations Building.

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

Utility Customers can be assured of 24/7 utility operations for uninterrupted supply of potable water and sanitary sewer service, even during storms and natural disasters.

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

The Palm Springs Utility is a regional public facility. The utility service area serves approximately 40,000 customers. Residents and businesses within the Village, Unincorporated County and sections of the Town of Lake Clarke Shores are served by this critical facility.

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

The primary benefit of the proposed Operations Center, is centralized monitoring of two (2) treatment plants' chemical levels (for purification and treatment of drinking water), flow of raw water supply from wellfields, flowage levels and conditions within both potable water and sanitary sewer lines (pipes and pumps), and a hardened facility for operations, logistics planning and emergency response personnel. These benefits can be measured through the continuous 24/7 operations and reporting of treatment tests and flowage records

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?

Reimbursement of funds to the State.

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)
- 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:



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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)
- N/A

19. What is the status of construction?

Engineering Design (construction) Plans are being completed.

20. What percentage of the construction has been completed?

0%

21. What is the estimated completion date of construction?

9/30/2027



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22. Requester Contact Information

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.