



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2627

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

**4. Project/Program Description**

The City has issues with excessive inflow and infiltration. Flows at the WWTP increase drastically during wet weather and several lift stations can become overburdened. Several years ago, the City inspected their gravity sewer collection system and found deficiencies to address; however, the costs for implementing these improvements have been restrictive. The City needs financial assistance to bring these necessary improvements to fruition.

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	500,000
<b>Total State Funds Requested</b>	<b>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)	500,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>500,000</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		
2024-25	0	0		No

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.

The City could slowly fund this project but the City is financially constrained and it would take many years to complete the entire system without assistance, during which sanitary sewer overflows would not be remedied.



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

### 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?

10/01/2025

d. What is the estimated completion date of construction?

06/01/2025

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

Monthly customer billing for utility services.

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 City of Blountstown would receive the funds. They own and operate the existing facility and would own and operate the proposed facility as well.

### 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	Planning, Design, and Construction of sewer rehabilitation for inflow and infiltration remediation.	500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>

### 13. Program Performance

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

This project will replace or rehabilitate aged infrastructure to prevent stormwater runoff (inflow) and groundwater intrusion (infiltration) from entering the sewer collection system. This will reduce run times at pumping stations, decrease the flow to the wastewater treatment facility, and reduce the likelihood of sewer overflow in the collection system. This will save the City funds for increased operating expenses to pump and treat stormwater as well as attempt to prevent hazardous conditions caused by Sanitary Sewer Overflows (SSO's).



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

The City will procure engineering services for design of the improvements. The consultant will develop plans and specifications that will guide a contractor as they construct the necessary repairs.

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

This project will provide a safer and more reliable sewer system. Operating costs and hazardous situations will be reduced, benefiting the community.

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

This project will serve the northeast quadrant of the City of Blountstown.

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

This project will reduce inflow and infiltration (I&I) in the wastewater collection system. This will reduce operating costs and help prevent hazardous overflow conditions in the collection system. The outcome can be measured by the reduction in operating costs and the reduction in overflows.

**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?**

The City will work with the contracting agency to determine applicable measures.

**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)?**



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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):**

**17. Requester Contact Information**

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

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**18. 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) Rural Area of Opportunity

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**  **Ext.**

**19. Lobbyist Contact Information**

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**



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