



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2731

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The funds will be used to Replace the High Service Pumps/Motors, electrical controls, Chlorine Contact Tank, #2 Well pump and rehab the Iron filters at the Water Treatment Facility to continue to supply clean and safe water to the City's water users.

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	620,000
<b>Total State Funds Requested</b>	<b>620,000</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)	620,000	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>620,000</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

10. Status of Construction



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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?

10/1/2026

d. What is the estimated completion date of construction?

3/1/2027

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

City of Coleman operations and maintenance fund that is generated by water sells

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.

Owner of the facility is City of Coleman

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	The funds will be used to Replace the High Service Pumps/Motors, electrical controls, Chlorine Contact Tank, #2 Well pump and rehab the Iron filters at the Water Treatment Facility to continue to supply clean & safe water to the City's water users.	620,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>620,000</b>

13. Program Performance

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

Water Treatment Facility to continue to supply safe & clean water to it sresidents.

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

To continue to meet FDEP's standards and provide safe drinking water to the citizens at an affordable price.

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

Continue to maintain FDEP's Standards and reliable potable water throughout the system



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

approximately 700

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

To continue to meet FDEP compliance standards and permitting requirements.

**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?**

FDEP Regulations

**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:**

**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):**



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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 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?**

Planning

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

0

**21. What is the estimated completion date of construction?** 03/01/2027

**22. Requester Contact Information**

**a. First Name** Milton **Last Name** Hill

**b. Organization** City of Coleman

**c. E-mail Address** ccityhall@cfl.rr.com

**d. Phone Number** (352)748-1017 **Ext.**

**23. Recipient Contact Information**

**a. Organization** City of Coleman



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**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) Municipality

**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.*