

# The Florida Senate Local Funding Initiative Request

#### LFIR # 2786

**Fiscal Year 2025-2026** 

1. Project Title Highlands County Master Stormwater Plan & Thunderbird Road Drainage Improvements

2. Senate Sponsor Erin Grall

3. Date of Request 3/4/2025

#### 4. Project/Program Description

This project will evaluate the existing surface water system and develop a surface water management plan and program to improve water quality and reduce potential impacts due to severe weather events (flooding),

5. State Agency to receive requested funds

Department of Environmental Protection

State Agency contacted? No

#### 6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	945,000
Fixed Capital Outlay	1,700,000
Total State Funds Requested	2,645,000

#### 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)	2,645,000	100%	
Matching Funds			
Federal	0	0%	
State (excluding the amount of this request)	0	0%	
Local	0	0%	
Other	0	0%	
Total Project Costs for Fiscal Year 2025-2026	2,645,000	100%	

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

	Fiscal Year	Amount		Specific	Vetoed
	(уууу-уу)	Recurring	Nonrecurring	Appropriation #	
9. Is future-year funding likely to be requested?				Yes	

a. If yes, indicate nonrecurring amount per year.

2,000,000	

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

Local government funds.

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

**10. Status of Construction** 

No

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a. What is the cu	irrent phase of t	he project?		
📀 Planning	🔵 Design	Construction	N/A	
b. Is the project	"shovel ready" (	i.e permitted)?	No	
c. What is the es	timated start da	te of construction?	07/1/2026	
d. What is the es	stimated comple	tion date of construction	n? 07/1/2025	
e. What funding	stream will be u	sed for ongoing operation	ons and maintenance of the proje	ct?
Local governme	ent funds.			

## 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.

Local Government

#### 12. Details on how the requested state funds will be expended

Spending Category	Description	Amount		
Administrative Costs:	Administrative Costs:			
Executive Director/Project Head Salary and Benefits	Director/Project Manager - Project management (meetings, research, project coordination, project reporting, design, etc.)	245,000		
Other Salary and Benefits		0		
Expense/Equipment/Travel/Supplies/ Other		0		
Consultants/Contracted Services/Study	Contractual Services - Project analysis and development - County wide drainage needs study, water quality/quantity stormwater design	700,000		
Operational Costs				
Salary and Benefits		0		
Expense/Equipment/Travel/Supplies/ Other		0		
Consultants/Contracted Services/Study		0		
Fixed Capital Construction/Majo	r Renovation:			
Construction/Renovation/Land/ Planning Engineering	Construction of a water quality/quantity feature that will drastically reduce TMDLs mainly nitrogen and phosphorous from the watershed. This area serves as an extension to the headwaters of the Everglades.	1,700,000		
Total State Funds Requested (must equal total from question #6)				

#### 13. Program Performance

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

The goal of the project is to evaluate the existing surface water system and develop a surface water management plan and program to improve water quality and reduce potential impacts due to severe weather events (flooding)

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

The funds will be used to contract the development of a comprehensive county-wide stormwater master plan which will address appropriate levels of service criteria, minimum water quality standards, inventory of existing assets, areas of need, and a recommended plan for implementation of storm water and water quantity/quality improvements

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



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The proposed master stormwater plan & proposed stormwater area will address water quality and flooding concerns throughout the county which will address and improve water quality as well as help prevent roadway and structure flooding. These benefits will be realized by all citizens of Highlands County.

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

The target population is the general public, meaning the majority of teh funds will benefit no specific group. Over 100,000 people could potentially benefit from this project.

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

educe or eliminate flooding in agricultural areas that can ruin crop yields - lower reported agricultural lost revenue or reduced crop yields

eduction of contaminated or low quality water entering natural water bodies - Reduction in fish kills and other wildlife impacts

Reduce time needed to evaluate a storm water issue for solutions and cut the time for remediation - Reduced reaction time between citizen complaints and the solution of the issue

Reduce low quality water sources from entering surface water bodies used for recreation and other human activities -Lower number of reported water body contamination incidents

# 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?

Contractual milestones established throughout the project, non-payment of invoices until milestones completed.

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 infastructure)

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):

### 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)

D N/A

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

Not begun.

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

0

21. What is the estimated completion date of construction? 12/30/34

22. Requester Contact Information



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a. First Name	Laurie		Last Name	Hurner		
b. Organization	Highland	Highlands County				
c. E-mail Address	lhurner@	lhurner@highlandsfl.gov				
d. Phone Number	(863)402	(863)402-6500 Ext.				
23. Recipient Contact	Informatio	on				
a. Organization	Highland	s County				
b. Municipality and	d County	Highlands				
c. Organization Ty	ре					
□For Profit Entity						
□Non Profit 501(c	c)(3)					
□Non Profit 501(c	c)(4)					
☑Local Entity						
□University or Co	ollege					
□Other (please s	□Other (please specify)					
d. First Name	Mitchell		Last Name	Thomas		
e. E-mail Address	mdthomas@highlandsfl.gov					
f. Phone Number	(863)402		Ext.			
24. Lobbyist Contact Information						
a. Name	None					
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.