

Type of Funding

Fixed Capital Outlay

Total State Funds Requested

Operating

The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

LFIR # 3052

1. Project Title	Rehabilitation and Autom	nation	
2. Senate Sponsor	Rosalind Osgood		
3. Date of Request	3/3/2025		
4. Project/Program D	escription		
Rehabilitation and	automation of OPWCD's fou	r (4) water control pump stations	
5. State Agency to re	ceive requested funds	Department of Environmental Protection	
State Agency conta	acted? Yes		
6. Amount of the Non	recurring Request for Fisc	al Year 2025-2026	

Amount

918,075

918,075

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds avail	lable for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	918,075	75%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	306,025	25%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	1,224,100	100%

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

No

Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		

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9.	Is future-vea	ar fundina	likely to	be request	ed?

Yes

a. If yes, indicate nonrecurring amount per year.

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

From 9a above: Year 2 - \$517,200 Year 3 - \$532,700; Year 4 - \$548,700 Unless or until the District's project qualifies for grant funding, the District will be forced to increase it's non-ad valorem assessment rate to generate the needed funding.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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a. What is the current phase of the project?

b. Is the project	"shovel ready" ((i.e permitted)?	Yes
	· ·	te of construction?	01/01/2025
d. What is the e	stimated comple	tion date of construction?	02/24/2025
e. What funding	stream will be u	sed for ongoing operations	and maintenance of the project

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/Entity - Old Plantation Water Control District, a Chapter 298 F.S.S. independent special district for water control.

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/Majo	r Renovation:		
Construction/Renovation/Land/ Planning Engineering	Replace three (3) pumps and gear heads for Pump station No. 4; Automation of all 15 pump station engines; Automation of water level and flow monitoring; Re-construct Pump Station 4 subaqueous concrete pump intake floor; Replace/automate Pump Station 1 sluice gate; Replace STA 3/Bays 1, 2 and 4 fish grate	918,075	
Fotal State Funds Requested (must equal total from question #6) 918,075			

13. Program Performance

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

Enhance/strengthen existing water control operations for the protection of property and lives of those served by the OPWCD.



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

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	Replace three (3) pumps and gear heads for Pump station No. 4; Automation of all 15 pump station engines; Automation of water level and flow monitoring; Re-construct Pump Station 4 subaqueous concrete pump intake floor; Replace/automate Pump Station 1 sluice gate; Replace STA 3/Bays 1, 2 and 4 fish grates.
c	c. What direct services will be provided to citizens by the appropriation project?
	Water (flood) control.
d	d. Who is the target population served by this project? How many individuals are expected to be served?
	Majority of City of Plantation residents and businesses. Estimated 60,000+ residents.
	e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
] 1	Strengthened and efficient secondary conveyance of storm water to SFWMD primary water control canals. Efficient intake and monitoring of water from SFWMD primary water control canals during times of drought will recharge local groundwater supply and assist in the protection of City of Plantation and City of Ft. Lauderdale potable water wellfields from saltwater intrusion. Automated monitoring, control and reporting of water levels in real time. Visual inspections to verify flood control measures are positively affecting properties serviced
	. What are the suggested penalties that the contracting agency may consider in addition to its standard penaltie for failing to meet deliverables or performance measures provided for in the contract?
	Failure to meet deliverables or performance measures provided in the contract, with exception of documented circumstances beyond the District's control, may result in reduction or total loss of funding
14. Is	s 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. H	las 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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22.	Requester Contact	Informat	ion					
	a. First Name	Brett Last Name Butler			Butler			
	b. Organization	Old Plantation Water Control District (OPWCD)						
	c. E-mail Address	bbutler@@opwcd.org						
	d. Phone Number	(954)472	(954)472-5596 Ext.					
23.	Recipient Contact Information							
	a. Organization	Old Plantation Water Control District						
	b. Municipality and	I County Broward						
	c. Organization Ty	ре						
	□For Profit Entity							
	□Non Profit 501(c	c)(3)						
	□Non Profit 501(c	;)(4)						
	□Local Entity							
	□University or Co	llege						
	☑Other (please sp	specify) Chapter 298 independent special district						
	d. First Name	Brett		Last Name	Butler			
	e. E-mail Address	bbutler@	@opwcd.org					
	f. Phone Number	(954)472	-5596	Ext.				
24.	4. Lobbyist Contact Information							
	a. Name	Chris Lyon, Esquire						
	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.