

1. Project Title	Lake Worth Beach Dual Zone Monitoring Well Replacement					
2. Senate Sponsor	Mack Bernard					
•						
3. Date of Request	3/5/2025					
4. Project/Program De	escription					
Protection (FDEP) for continued signs of continued	or a Deep Injection \ communication between	Well and its associ een the upper and	has a permit with the ated Dual Zone Monito lower monitor zones, design and constructi	oring Well (DZMW). and to remain in co	The DZMW has shown mpliance with the FDEP	
5. State Agency to rec	ceive requested fu	nds Departm	nent of Environmental	Protection		
State Agency conta		for Fiscal Year 20	025-2026			
Type of Funding			Amo	unt		
Operating				0		
Fixed Capital Outlay				750,000		
Total State Funds F	Total State Funds Requested			750,000		
7. Total Project Cost fo	or Fiscal Year 202	5-2026 (including	matching funds avai	lable for this proje	ect)	
Total State Funds Re	equested (from que	stion #6)	750,000	13%		
Matching Funds	equested (nom que	311011 #0)	730,000	1370		
Federal			1,007,419	18%		
	amount of this requ	est)	0	0%		
State (excluding the amount of this request) Local		3,942,581	69%			
Other			0	0%		
Total Project Costs	for Fiscal Year 20	25-2026	5,700,000	100%		
Total Project Costs for Fiscal Year 2025-2026 5,700,000 100% 8. Has this project previously received state funding? If yes, provide the most recent instance:						
Fiscal Year	Amo		Specific Appropriation #	Vetoed		
(уууу-уу)	Recurring	Nonrecurring	Appropriation #			
9. Is future-year fundi	ng likely to be req	uested?	No			
a If yes indicate n	onrecurring amou	nt ner vear				
a. If yes, indicate nonrecurring amount per year.						
b. Describe the sou	rce of funding tha	t can be used in	lieu of state funding.			



a. What is the current phase of t			
· · · · · · · · · · · · · · · · · · ·	he project?		
Planning • Design	Construction N/A		
o. Is the project "shovel ready" ((i.e permitted)?	No	
c. What is the estimated start da	te of construction?	10/01/2025	
d. What is the estimated comple	tion date of construction?	12/31/2026	
e. What funding stream will be u	sed for ongoing operations	and maintenance of the projec	t?
City of Lake Worth Beach Water	Utilities operating budget		
List the owners of the facility to relationship between the owner City of Lake Worth Beach Details on how the requested st	rs of the facility and the enti		aing. Include the
Spending Category		Description	Amount
Administrative Costs:			
Executive Director/Project Head Salary and Benefits			
Other Salary and Benefits			
Expense/Equipment/Travel/Supplies/ Other			
Consultants/Contracted Services/Study			
Operational Costs			
Salary and Benefits			
Expense/Equipment/Travel/Supplies/ Other			
Consultants/Contracted Services/Study			
Fixed Capital Construction/Majo	r Renovation:		<u> </u>
Construction/Renovation/Land/ Planning Engineering	Construction of replacement	DZMW	750,00
Fotal State Funds Requested (m			



A	All Lake Worth Beach Water Utilities customers.
e.	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will
b	e measured?
(Continued potable water service.
	What are the suggested penalties that the contracting agency may consider in addition to its standard penaltie or failing to meet deliverables or performance measures provided for in the contract?
a	Should the failing DZMW not be replaced, the City of Lake Worth Beach will fall out of compliance with FDEP permits nd will no longer be able operate the reverse osmosis water treatment plant. This will affect the City's ability to provide afe drinking water to its customers.
14. Is	this project related to mitigation, response, or recovery from a natural disaster? No
a. I	f 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. l	Name of the natural disaster (or Executive Order # for events not under a federal declaration):
15. H	as the entity applied for or received federal assistance for this project?
	Yes, Applied
	Yes, Received
	No
	No, but intends to apply
a I	f yes, provide the FEMA project worksheet ID#:
	r yes, provide the r Lima project worksheet is
b.	Provide the total project cost listed on the FEMA project worksheet:
16. H	as 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 Commerce):	e program and state age	ncy (ex. Loca	al Government Emergenc	y Bridge Loan, Department o
Please complete	e questions 17 thr	ough 21	for Water Projects	only.
17. Have you been aw	arded or applied for alter	native state	funding for this project?	
☐ Water Quality I	mprovement Grant Progran	m		
☐ Resilient Florida	a Grant Program			
☐ Wastewater Re	volving Loan			
□ Drinking Water	Revolving Loan			
☐ Small Commun	ity Wastewater Treatment	Grant		
☐ Other (please s	specify, ex. Alternative Wat	er Supply Gra	ants)	
☑ N/A				
18. What is the popula	ation economic status?			
☐ Financially Disa	advantaged Community (ch	n. 62-552, F.A	ı.C)	
☐ Financially Disa	advantaged Municipality (cl	n. 62-552, F. <i>l</i>	A.C)	
☐ Rural Area of E	conomic Concern			
☐ Rural Area of C	Opportunity (s. 288.0656, F	orida Statute	s)	
☑ N/A				
19. What is the status	of construction?			
Not started				
20. What percentage o	of the construction has be	een complet	ed?	
0%				
21. What is the estima	ated completion date of c	onstruction	? 12/31/2026	
22. Requester Contact	t Information			
a. First Name	Jamie	Last Name	Brown	
b. Organization	City of Lake Worth Beach			
c. E-mail Address	jbrown@lakeworthbeachf	l.gov		
d. Phone Number	(561)628-4403	Ext.		



LFIR #3167

23. Recipient Contact Information					
a. Organization	a. Organization City of Lake Worth Beach				
b. Municipality and	b. Municipality and County Palm Beach				
c. Organization Type					
□For Profit Entity	□For Profit Entity				
□Non Profit 501(d	□Non Profit 501(c)(3)				
□Non Profit 501(d	□Non Profit 501(c)(4)				
☑Local Entity	☑Local Entity				
□University or College					
□Other (please specify)					
d. First Name	Jamie	Last Name	Brown		
e. E-mail Address					
f. Phone Number	(561)628-4403	Ext.			
24. Lobbyist Contact Information					
a. Name	Jared Rosenstein				
b. Firm Name	Capital City Consulting LLC				
c. E-mail Address	jared@cccfla.com				
d. Phone Number	(786)247-8716				

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