

LFIR # 3205

1.	Project Title	LaBelle Wastewate	er Treatment Fa	acility Solids Manageme	ent	
2.	Senate Sponsor	Kathleen Passidom	no			
3.	Date of Request	3/6/2025				
4.	Project/Program De	escription				
	utilizes a sprayfield f the City is requesting	or wastewater effluen g funding support to ir	nt disposal loca ncorporate solic		aloosahatchee Rivent to the wastewater	er. As part of the project, r treatment facility which
5.	State Agency to rec	ceive requested fund	ds Depart	tment of Environmental	Protection	
	State Agency conta	cted? Yes				
		ecurring Request fo	or Fiscal Year	2025-2026		
	Type of Funding			Amo	unt	
	Operating				500,000	
	Fixed Capital Outlay				4,500,000	
	Total State Funds F	Requested			5,000,000	
7.	Total Project Cost fo	or Fiscal Voor 2025-	2026 (includin	g matching funds avai	ilable for this proi	ect)
•	Total Project Cost it	OI I ISCAI 1 C ai 2025-2	zozo (includin	g matering rands ava		
	Type of Funding	OF FISCAL FEAT 2025-2	2020 (Ilicidalii	Amount	Percentage	
	Type of Funding Total State Funds Re	equested (from questi		-	• •	
	Type of Funding Total State Funds Ro			Amount 5,000,000	Percentage 99%	
	Type of Funding Total State Funds Ro Matching Funds Federal	equested (from questi	ion #6)	Amount 5,000,000	Percentage 99% 0%	
	Type of Funding Total State Funds Ro Matching Funds Federal State (excluding the		ion #6)	Amount 5,000,000	Percentage 99% 0% 0%	
	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local	equested (from questi	ion #6)	Amount 5,000,000 0 0 50,000	Percentage 99% 0% 0% 1%	
	Type of Funding Total State Funds Ro Matching Funds Federal State (excluding the Local Other	equested (from questi	ion #6)	Amount 5,000,000	Percentage 99% 0% 0%	
	Type of Funding Total State Funds Ro Matching Funds Federal State (excluding the Local Other	equested (from questi	ion #6)	Amount 5,000,000 0 0 50,000	Percentage 99% 0% 0% 1%	
	Type of Funding Total State Funds Ro Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre- If yes, provide the r	equested (from questi	ion #6) st) 5-2026 ate funding?	Amount 5,000,000 0 0 50,000 0 5,050,000 No	Percentage 99% 0% 0% 1% 0% 100%	
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8.	Type of Funding Total State Funds Ro Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profif yes, provide the response of the result of the	equested (from question amount of this requested for Fiscal Year 2025 eviously received stamost recent instance Amount of this requested the content of the	ion #6) st) 5-2026 ate funding? e: nt Nonrecurring	Amount 5,000,000 0 0 50,000 0 5,050,000 No Specific	Percentage 99% 0% 0% 1% 0% 100%	
8.	Type of Funding Total State Funds Ro Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profif yes, provide the reference (yyyy-yy) Is future-year funding	amount of this request amount of this request for Fiscal Year 2025 eviously received stamost recent instance Amount Recurring	ion #6) st) 5-2026 ate funding? e: nt Nonrecurring	Amount 5,000,000 0 50,000 0 5,050,000 No Specific Appropriation #	Percentage 99% 0% 0% 1% 0% 100%	
8.	Type of Funding Total State Funds Ro Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the r Fiscal Year (уууу-уу) Is future-year funding a. If yes, indicate no	amount of this request amount of this request for Fiscal Year 2025 eviously received statement instance. Amount Recurring ng likely to be requested amount of this request instance.	ion #6) st) 5-2026 ate funding? e: nt Nonrecurring ested? a per year.	Amount 5,000,000 0 50,000 0 5,050,000 No Specific Appropriation #	Percentage 99% 0% 0% 1% 0% 100%	



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10. Status of Construction			
a. What is the current phase of the	ne project?		
Planning • Design	○ Construction ○ N//	Ą	
b. Is the project "shovel ready" (i.e permitted)?	No	
c. What is the estimated start da	te of construction?	12/31/2025	
d. What is the estimated complete	tion date of construction?	12/31/2027	
e. What funding stream will be us	sed for ongoing operations	and maintenance	of the project?
Utility Fund			
 List the owners of the facility to relationship between the owner 			tal outlay funding. Include the
The City of LaBelle - local govern	nment.		

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	Pre-construction and construction administration	500,000	
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	Pre-construction, Construction, and Construction Administration of solids dewatering equipment to the wastewater treatment facility which would assist the City meet compliance with higher class biosolids production, and lower disposal costs.	4,500,000	
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?

Pre-construction, Construction, and Construction Administration of solids dewatering equipment to the wastewater treatment facility which would assist the City meet compliance with higher class biosolids production, and lower disposal costs.

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

Funds will be used for pre-construction, construction, and construction administration of dewatering equipment.



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d.	d. Who is the target population served by this project? How many individuals are expected to be served?					
7	The City of LaBelle - population of 5,222.					
	e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?					
cl	By installing dewatering equipment to the wastewater treatment facility it will allow the City meet compliance with higher ass biosolids production, and lower disposal costs. Methodology to measure would be a reduction in disposal costs and ermitting requirements.					
	What are the suggested penalties that the contracting agency may consider in addition to its standard penalties r failing to meet deliverables or performance measures provided for in the contract?					
l:	f the project does not meet the standards of the department the effect will be addressed in permitting, withholding ayment, invoice reduction, corrective action plan, and/or termination of agreement					
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. Ha	as the entity applied for or received federal assistance for this project?					
	Yes, Applied					
	Yes, Received					
	No					
	No, but intends to apply					
	f yes, provide the FEMA project worksheet ID#:					
a. 1	yes, provide the I Lima project worksheet ib#.					
h i	Provide the total project cost listed on the FEMA project worksheet:					
	To vide the total project cost listed on the FEIMA project worksheet.					
16. Ha	as the entity applied for or received state assistance for this project (other than this request)?					
	Yes, Applied					
П	Yes, Received					



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	□ No	
	☐ No, but intends t	o apply
á	a. If yes, specify th Commerce):	e program and state agency (ex. Local Government Emergency Bridge Loan, Department of
Ple	ease complet	e questions 17 through 21 for Water Projects only.
17.	Have you been aw	arded or applied for alternative state funding for this project?
	☐ Water Quality I	mprovement Grant Program
	☐ Resilient Florid	a Grant Program
	☐ Wastewater Re	volving Loan
	☐ Drinking Water	Revolving Loan
	☐ Small Commur	ity Wastewater Treatment Grant
	☐ Other (please s	pecify, ex. Alternative Water Supply Grants)
	☑ N/A	
18.	What is the popula	tion economic status?
	☑ Financially Disa	advantaged Community (ch. 62-552, F.A.C)
	☐ Financially Disa	advantaged Municipality (ch. 62-552, F.A.C)
	☑ Rural Area of E	conomic Concern
	☐ Rural Area of C	Opportunity (s. 288.0656, Florida Statutes)
	□ N/A	
19.	What is the status	of construction?
	Not started	
20.	What percentage of	of the construction has been completed?
	0	
21.	vvnat is the estima	ated completion date of construction? 12/31/2027
22.	Requester Contac	Information
	a. First Name	Julie Last Name Wilkins
	b. Organization	City of LaBelle



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c. E-mail Address	juliewilkin					
d. Phone Number	(863)675	-2872	Ext.			
23. Recipient Contact	23. Recipient Contact Information					
a. Organization	a. Organization City of LaBelle					
b. Municipality and	b. Municipality and County Hendry					
c. Organization Ty _l	c. Organization Type					
□For Profit Entity	□For Profit Entity					
□Non Profit 501(c	□Non Profit 501(c)(3)					
□Non Profit 501(c	□Non Profit 501(c)(4)					
☑Local Entity						
□University or Co	llege					
□Other (please sp	□Other (please specify)					
d. First Name	Julie		Last Name	Wilkins		
e. E-mail Address	e. E-mail Address juliewilkins@citylabelle.com					
f. Phone Number	(863)675	-2872	Ext.			
24. Lobbyist Contact Information						
a. Name	James Randolph Spratt					
b. Firm Name	Magnolia Strategies LLC					
c. E-mail Address	jim@magnoliastrategiesllc.com					
d. Phone Number	(850)228	-1296				

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