



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3324

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**4. Project/Program Description**

The project removes emerging (PFAS) contaminants from the existing water supply and three (3) water treatment plants through the testing, design, and constructed improvements. All potable water will be free of PFAS contaminants as regulated by the United States (US) Environmental Protection Agency's (EPA's) recent promulgation of the rules. This treatment technology will also provide the protection of future regulation of other contaminants of emerging concern for the public.

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	21,000,000
<b>Total State Funds Requested</b>	<b>21,000,000</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)	21,000,000	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>21,000,000</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**



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**10. Status of Construction**

**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?** 06/01/2026

**d. What is the estimated completion date of construction?** 12/31/2028

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

Revenue from water & sewer rates

**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.**

Immokalee Water & Sewer District is an independent special district providing water & sewer services to the Immokalee Community.

**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	Engineered pilot testing of treatment alternatives for technology selection confidence. Full-scale design/permitting/construction of 3 water treatment plant upgrades with selected technology for hardness and PFAS removal. Construction phase services for the construction process, testing, start-up of the constructed improvements, and training.	21,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>21,000,000</b>

**13. Program Performance**

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

Goals for Water:  
 1) Advanced water pilot testing and full-scale treatment upgrades to provide PFAS removal in the potable water system; and  
 2) Regulatory compliance; and  
 3) Expanded customer safety/engagement/transparency.



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

The activities will include testing, design and constructions of water treatment plant upgrades for PFAS removal from finished water.

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

- 1) Provision of drinking water adhering to the EPA National Standard for PFAS in drinking water issued April 2024 (PFOA and PFOS in drinking water at 4.0 parts per trillion).
- 2) Expanded customer safety and transparency.

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

The full-time population of Immokalee was 24,557 according to the 2020 census. During the winter season, the population can reach around 40,000 people. This is due to the large migrant population relocating to the area for the winter vegetable and sugar cane harvesting season.

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

Protects public health by adherence to EPA National Standard for PFAS in drinking water issued April 2024 to protect communities from exposure to harmful PFAS. The outcome will be measured and monitored via the finished drinking water quality using EPA approved methodology. Currently, EPA has set an enforceable Maximum Contaminant Level for PFOA and PFOS in drinking water at 4.0 parts per trillion.

**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?**

Should the District not meet compliance with the implementation deadline of April 2029 provided in the PFAS regulatory requirements, FDEP and EPA's penalties will be administered to the District and subsequently its customers. A larger concern, the PFAS contamination in the supply is currently untreated with the existing process. This project's treatment improves safe drinking water for the community. The District will repay any appropriated funds if the project is not completed.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**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#:**



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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):

### 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?

In the planning stage -

20. What percentage of the construction has been completed?



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0%

21. What is the estimated completion date of construction?

**22. Requester Contact Information**

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

**23. Recipient Contact Information**

a. Organization

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) Independent Special District

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.*