

LFIR # 3375

1. Project Title	LaBelle Advanced Wa	stewater Trea	tment & Disposal Imp	provements	
2. Senate Sponsor	Kathleen Passidomo				
3. Date of Request	3/12/2025				
4. Project/Program De	escription				
utilizes a sprayfield f funding to install a n	is scheduled to replace to wastewater effluent diew deep well for injecting the Caloosahatchee River	sposal located treated efflue	on SR80 near the C	aloosahatchee Rive	er. The City is seeking
5. State Agency to red	ceive requested funds	Departme	ent of Environmental	Protection	
State Agency conta 6. Amount of the Nonr	recurring Request for F	iscal Year 202	25-2026		
Type of Funding			Amo	unt	
Operating				0	
Fixed Capital Outlay	,			8,000,000	
Total State Funds F	Requested			8,000,000	
Type of Funding	or Fiscal Year 2025-202		Amount	Percentage	=61)
Total State Funds Requested (from question #6)			8,000,000	90%	
Matching Funds					
Federal			0	0%	
	amount of this request)		900,000	0% 10%	
Local Other			900,000	0%	
	for Figaal Vaar 2025 20	200			
Total Project Costs	for Fiscal Year 2025-20	J26	8,900,000	100%	
	eviously received state most recent instance:	funding?	No		
Fiscal Year	Amount		Specific "	Vetoed	
(уууу-уу)	Recurring No	nrecurring	Appropriation #		
9. Is future-year fundi	ng likely to be requeste	ed?	No		
a. If yes, indicate n	onrecurring amount pe	r year.			
b. Describe the sou	arce of funding that can	be used in li	eu of state funding.		
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a. What is the current phase of the project?		
 ◆ Planning		
b. Is the project "shovel ready" (i.e permitted)?	No	
c. What is the estimated start date of construction?	12/25	
d. What is the estimated completion date of construction?	12/27	
e. What funding stream will be used for ongoing operations	and maintena	nce of the project?
 List the owners of the facility to receive, directly or indirect relationship between the owners of the facility and the entire 		apital outlay funding. Include the
The City of LaBelle - local government		

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	Preconstruction and Construction/Installation of a new deep well for injecting treated effluent to provide additional environmental buffer to reduce potential nutrient loading on the Caloosahatchee River.	8,000,000	
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?

Preconstruction activities and construction/installation of a new deep well for injecting treated effluent to provide additional environmental buffer to reduce potential nutrient loading on the Caloosahatchee River.

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

Funds will be used for preconstruction activities and construction/installation of deep well.

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



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	None						
	d. Who is the target population served by this project? How many individuals are expected to be served?						
	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?						
	Reduction of nutrient overloading to the Caloosahatchee River. Outcome measured by reduction in TN and TP.						
	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?						
	Permitting, withholding payment, invoice reduction, corrective action plan, termination of agreement						
14.	Is this project related to mitigation, response, or recovery from a natural disaster? No						
а	. 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?						
ı	□ Yes, Applied						
ı	□ Yes, Received						
ı	□ No						
ı	□ No, but intends to apply						
а	. 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)?						
ı	□ Yes, Applied						
ı	□ Yes, Received						
ı	□ No						
ı	□ No, but intends to apply						
	. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):						



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DEP - Water Quality Improvement Grant	
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Ple	ase complete	e questions 17 thre	ough 21 fo	or Water Projects only.			
17. F	lave you been awa	arded or applied for alteri	native state fu	ınding 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 s	pecify, ex. Alternative Wate	er Supply Gran	uts)			
	□ N/A						
18. V	Vhat is the popula	tion economic status?					
	☑ Financially Disa	ndvantaged Community (ch	. 62-552, F.A.C	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. V	Vhat is the status	of construction?					
	Not started						
20. V	Vhat percentage o	of the construction has be	en completed	1 ?			
	0						
21. \	What is the estima	ted completion date of co	onstruction?	12/31/2027			
22. F	Requester Contact	Information					
a	. First Name	Julie	Last Name \	Wilkins			
k	o. Organization	City of LaBelle					
C	c. E-mail Address juliewilkins@citylabelle.com						
C	I. Phone Number	(863)675-2872	Ext.				
23. F	Recipient Contact	Information					
a	. Organization	City of LaBelle					



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ı	b. Municipality and County		Hendry				
C	c. Organization Type						
	□For Profit Entity						
	□Non Profit 501(c	:)(3)					
	□Non Profit 501(c)(4)						
	☑Local Entity						
	□University or College						
	□Other (please specify)						
(d. First Name	Julie		Last Name	Wilkins		
•	e. E-mail Address	juliewilkins@citylabelle.com					
1	f. Phone Number	(863)675	-2872	Ext.			
24. Lobbyist Contact Information							
á	a. Name	Joseph R. Spratt					
I	b. Firm Name	Spratt and Associates					
(c. E-mail Address	josephrspratt@yahoo.com					
	d. Phone Number	(863)517	-0235				

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