



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1594

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Lift Station #23 was built in 1989 on CR-35/SE 58TH Ave. Since it was originally constructed, the number of customers both residential and commercial has grown. Lift Station #23 helps to pump sewage for the Marion County Landfill, Marion County Animal Shelter, a number of industrial and commercial buildings, and residential neighborhoods along the CR-35/SE 58th Ave corridor. In addition, there is a large warehouse and distribution facility potentially coming to the area. The anticipated build out will serve approximately 8,000 citizens.

The increased sewage flows have resulted in a need to rehabilitate the lift station to keep up with the demand and replace the run-down components of the station. If this critical lift station is not rehabilitated, it will result in sewer backups and spillage which would result in a risk to the public health.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

| Type of Funding                    | Amount         |
|------------------------------------|----------------|
| Operations                         | 0              |
| Fixed Capital Outlay               | 141,000        |
| <b>Total State Funds Requested</b> | <b>141,000</b> |

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

| Type of Funding                                      | Amount         | Percentage  |
|--|----------------|-------------|
| Total State Funds Requested (from question #6)       | 141,000        | 75%         |
| <b>Matching Funds</b>                                |                |             |
| Federal  | 0              | 0%          |
| State (excluding the amount of this request)         | 0              | 0%          |
| Local  | 47,000         | 25%         |
| Other  | 0              | 0%          |
| <b>Total Project Costs for Fiscal Year 2023-2024</b> | <b>188,000</b> | <b>100%</b> |

8. Has this project previously received state funding?

| Fiscal Year<br>(YYYY-YY) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
|                          |           |              |                             |        |

9. Is future 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.



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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

Planning  
  Design  
  Construction

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. 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.

13. 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                    | n/a  | 0              |
| Other Salary and Benefits  | n/a  | 0              |
| Expense/Equipment/Travel/Supplies/Other                                | n/a  | 0              |
| Consultants/Contracted Services/Study                                  | n/a  | 0              |
| <b>Operational Costs: Other</b>  |  |                |
| Salary and Benefits  | n/a  | 0              |
| Expense/Equipment/Travel/Supplies/Other                                | n/a  | 0              |
| Consultants/Contracted Services/Study                                  | n/a  | 0              |
| <b>Fixed Capital Construction/Major Renovation:</b>                    |  |                |
| Construction/Renovation/Land/Planning Engineering                      | Contractor will be selected to complete the rehabilitation of the lift station | 141,000        |
| <b>Total State Funds Requested (must equal total from question #6)</b> |  | <b>141,000</b> |

14. Program Performance

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



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Pump Station #23 will continue to function as it should and extend the life of that station as well as all pump stations and sewer lines along the way to the City's Wastewater Treatment Plant.

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

A contractor will be hired to complete a rehabilitation of the sewer pump station.

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

Customers will continue to be provided with sewer services with less risk of sewer backups and potential sewer spillage.

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

All customers who have city utilities and citizens of the city. This will serve approximately 8,000 people.

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

The outcome of this project will extend the life of the pump station and other lines in the city. The outcome is measured by the completion of the project.

**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 the contract?**

Revocation of funds

**15. Requester Contact Information**

**a. First Name**  **Last Name**   
**b. Organization**   
**c. E-mail Address**   
**d. Phone Number**  **Ext.**

**16. 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)

**d. First Name**  **Last Name**   
**e. E-mail Address**



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f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

### Please complete the questions below for Water Projects only.

#### 18. Have you applied for alternative state funding?

- Waste Water Revolving Loan
- Drinking Water Revolving Loan
- Small Community Wastewater Treatment Grant
- Other (please specify)
- N/A

#### 19. 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

#### 20. What is the status of construction?

#### 21. What percentage of the construction has been completed?

#### 22. What is the estimated completion date of construction?