

The Florida Senate Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1591

1.	Project Title	EVERGLADES REPLACEMENT		ER TREATMENT FAC	CILITY		
2.	Senate Sponsor	Kathleen Passid	omo				
3.	Date of Request	02/12/2021					
4.	Project/Program De	escription					
	DAMAGED, MALFU LEVEL OF CORRO COMPLETE FAILUF FACILITY NEEDS A RULES. THE FACIL WILDLIFE REFUGE	INCTIONING, AND SION, UNDERSIZE RE OF WASTEWA A COMPLETE REPI LITY IS LOCATED I E, EVERGLADES N ECT CONSISTS OF	IN VERY POOR CED AND INOPERATER TREATMENT LACEMENT OF ALIN THE ENVIRONMIATIONAL PARK A	ACILITY IS AT THE EN ONDITION. THE LAC FIVE EQUIPMENT CO CAPABILITY AND PO L SYSTEMS TO GUA MENTALLY SENSITIVE ND THE BIG CYPRES A NEW TREATMEN	K OF REDUNDAN DULD AT ANY MON DTENTIAL WASTE' RANTEE COMPLI E TEN THOUSANI SS NATIONAL PRE	CY, ADVANCED MENT RESULT IN A WATER SPILL. THE ANCE WITH FDEP D ISLANDS NATIONAL ESERVE. THE	
5.	State Agency to re	ceive requested fu	ınds Departme	ent of Environmental P	Protection		
	State Agency conta Amount of the Non		: for Fiscal Year 20	21-2022			
	Type of Funding			Amo	unt		
	Operations			70	O		
	Fixed Capital Outlay	ı		4,340,160			
	Total State Funds I						
		Reduesied			4.340.100		
7. ⁻		•	21-2022 (including	matching funds avai	4,340,160	•	
7.	Total Project Cost f	•	21-2022 (including	matching funds avai	ilable for this proj	•	
7.	Total Project Cost f	or Fiscal Year 202		Amount		•	
7.	Total Project Cost f Type of Funding Total State Funds R	or Fiscal Year 202		-	ilable for this proj	•	
7. '	Total Project Cost f	or Fiscal Year 202		Amount	ilable for this proj	•	
7.	Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal	or Fiscal Year 202	estion #6)	Amount 4,340,160	ilable for this proje Percentage 90%	•	
7. '	Total Project Cost f Type of Funding Total State Funds R Matching Funds	or Fiscal Year 202	estion #6)	Amount 4,340,160	Percentage 90%	•	
7. '	Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local	or Fiscal Year 202	estion #6)	Amount 4,340,160 0 500,000 0	Percentage 90% 0% 10%	ect)	
7.	Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal State (excluding the	equested (from que	estion #6) uest)	Amount 4,340,160 0 500,000	Percentage 90% 0% 10%	ect)	
	Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	equested (from que amount of this requested)	estion #6) uest) 021-2022	Amount 4,340,160 0 500,000 0	Percentage 90% 0% 10% 0%	ect)	
	Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs	equested (from que amount of this requested Year 20	estion #6) uest) 021-2022	Amount 4,340,160 0 500,000 0 4,840,160 No Specific	Percentage 90% 0% 10% 0%	ect)	
	Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro	equested (from que amount of this requested Year 20	estion #6) uest) 021-2022 state funding?	Amount 4,340,160 0 500,000 0 4,840,160 No	Percentage 90% 0% 10% 0% 100%	ect)	
	Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro	equested (from que amount of this requested Year 20 eviously received	estion #6) uest) 021-2022 state funding?	Amount 4,340,160 0 500,000 0 4,840,160 No Specific	Percentage 90% 0% 10% 0% 100%	ect)	
8.	Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro	equested (from que amount of this requested Year 20 eviously received Amount of this requested	estion #6) uest) 021-2022 state funding? ount Nonrecurring	Amount 4,340,160 0 500,000 0 4,840,160 No Specific	Percentage 90% 0% 10% 0% 100%	ect)	
8.	Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro	equested (from que amount of this requested (from q	estion #6) uest) 021-2022 state funding? ount Nonrecurring ed?	Amount 4,340,160 0 500,000 0 4,840,160 No Specific Appropriation #	Percentage 90% 0% 10% 0% 100%	ect)	
8.	Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro Fiscal Year (yyyy-yy) Is future funding lile a. If yes, indicate n	equested (from que amount of this requested s for Fiscal Year 20 eviously received Amount of this requested kely to be requested onrecurring amount	estion #6) uest) 021-2022 state funding? ount Nonrecurring ed? int per year.	Amount 4,340,160 0 500,000 0 4,840,160 No Specific Appropriation #	Percentage 90% 0% 10% 0% 100%	ect)	



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10. H	Has the entity requesting this project received any federal assistance related to the COVID-19	pandemic?
Ν	No	
lf	f yes, indicate the amount of funds received and what the funds were used for.	

11. 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: Other		
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	CONSTRUCTION OF A NEW WASTEWATER TREATMENT FACILITY	4,340,160
Total State Funds Requested (m	ust equal total from question #6)	4,340,160

12. Program Performance

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

COMPLETE REPLACEMENT OF THE EXISTING WASTEWATER TREATMENT FACILITY TO REDUCE THE RISKS ASSOCIATED WITH THE EXISTING FACILITY AND GUARANTEE COMPLIANCE WITH FDEP RULES AND REGULATIONS. ELIMINATE THE COMBINED DOMESTIC/COMMERCIAL WASTEWATER DISCHARGE TO THE ENVIRONMENTALLY SENSITIVE TEN THOUSAND ISLANDS WILDLIFE REFUGE, EVERGLADES NATIONAL PARK AND THE BIG CYPRESS NATIONAL PRESERVE.

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

PROCUREMENT AND CONSTRUCTION COSTS ASSOCIATED WITH THE REPLACEMENT OF THE FACILITY TO MEET FDEP RULES AND IMPROVE THE OVERALL RELIABILITY OF THE WASTEWATER TREATMENT PLANT.

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

ADEQUATE, RELIABLE, AND SAFE WASTEWATER TREATMENT SERVICE FOR THE COMMUNITY. THIS COMMUNITY RELIES ON THE NATURAL RESOURCES (TOURISM, FISHING, ETC.) OF THE EVERGLADES NATIONAL PARK AND BIG CYPRESS NATIONAL PRESERVE.

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

UP TO 1,300 RESIDENT/BUSINESS USERS IN A RURAL, FINANCIALLY DISADVANTAGED AREA THAT ARE CURRENTLY UTILIZING THE AILING SYSTEM.

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



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LFIR # 1591

PROPERLY TREATED WASTEWATER FOR REUSE AND/OR DISCHARGE ELIMINATING IMPACT TO ENVIRONMENTALLY SENSITIVE WATERWAYS AND COMMERCIAL FISHERIES. WATER QUALITY TESTING WILL ENSURE COMPLIANCE.

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?

\$1,000 PER DAY UNDER EXISTING FDEP FINAL CONSENT ORDER.

13. 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.

CITY OF EVERGLADES CITY



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Fiscal Year 2021-2022

LFIR # 1591

14.	Requestor Contact	Informati	on		
	a. First Name	HOWELL Last Name		GRIMM JR.	
	b. Organization	CITY OF EVERGLADES CITY			
	c. E-mail Address	MAYORGRIMM@CITYOFEVERGLADES.ORG			ES.ORG
	d. Phone Number	(239)289-3613 Ext.			
15.	15. Recipient Contact Information				
	a. Organization	CITY OF EVERGLADES CITY			
	b. Municipality and	l County	Collier		
	c. Organization Type				
	□For Profit Entity	For Profit Entity			
	□Non Profit 501(d	I(c)(3)			
	□Non Profit 501(d	c)(4)			
	☑Local Entity				
	□University or College				
	□Other (please sp	specify)			
	d. First Name	HOWELL		Last Name	GRIMM JR.
	e. E-mail Address	MAYORG	RIMM@CITYO	FEVERGLAD	ES.ORG
	f. Phone Number	(239)289-	·3613		
16.	Lobbyist Contact I	nformatio	n		
	a. Name	ZACHAR	Y LOMBARDO		
	b. Firm Name	WOODWARD, PIRES & LOMBARDO, P.A.			
	c. E-mail Address	ZLOMBARDO@WPL-LEGAL.COM			
	d. Phone Number	(239)649-6555			



The Florida Senate Local Funding Initiative Request Fiscal Year 2021-2022

LFIR # 1591

Please complete the questions below for Water Projects only.

17. F	lave you applied for alternative state funding?
	☑ Waste Water Revolving Loan
	☐ Drinking Water Revolving Loan
	□ Small Community Wastewater Treatment Grant
	☑ Other (please specify) DEO- CDBG-DR
	□ N/A
18. V	Vhat 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. V	Vhat is the status of construction?
	Engineering is currently ongoing. Construction will start on or before 07/2022.
20. V	Vhat percentage of the construction has been completed?
[0%
21. V	What is the estimated completion date of construction?
	7/24/2023